


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000047084**

1. Entity Name  
**VC MANAGEMENT ENTERPRISES, INC.**



Principal Place of Business  
**15100 SW 180TH STREET  
 MIAMI, FL 33187**

Mailing Address  
**15100 SW 180TH STREET  
 MIAMI, FL 33187**

**DO NOT WRITE IN THIS SPACE**



04232004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>02-0600330</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**VELEZ, JOSE A  
 15100 SW 180TH STREET  
 MIAMI, FL 33187**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution...  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALMONACID, GEOVANA 6865 SW 17TH ST MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VELEZ, YANIRA E 15100 SW 180TH STREET MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VELEZ, JOSE A 15100 SW 180TH STREET MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARRASCO, MARCO A 6865 SW 17TH ST MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000135170  
 04/28/04-80043-010-15875

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jose A. Velez **04/23/2004** **305-251-6541**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Jose A. Velez