

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000090191

1. Entity Name
VICOR DEVELOPMENT CORP.



Principal Place of Business
4800 N FEDERAL HIGHWAY
SUITE 307 B
BOCA RATON, FL 33431

Mailing Address
4800 N FEDERAL HIGHWAY
SUITE 307 B
BOCA RATON, FL 33431



01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3658020

Applied For
Not Applicable

5. Certificate of Status Desired: ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAP SERVICE CORP.
4800 N FEDERAL HWY, SUITE 307B
BOCA RATON, FL 33431

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
PD
GREENWALD, PHYLLIS
5718 SWAYING PALM LANE
BOYNTON BEACH, FL 33437

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
GREGNWALD, KERRY A
4800 N FEDERAL HWY, SUITE 307B
BOCA RATON, FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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04/26/07-80077-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #