## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 21, 2008 8:00 am Secretary of State **DOCUMENT # P02000090191** 04-21-2008 90043 006 \*\*\*150.00 VICOR DEVELOPMENT CORP. Principal Place of Business Mailing Address 4800 N FEDERAL HIGHWAY 4800 N FEDERAL HIGHWAY SUITE 307 B SUITE 307 B BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 350 COMINO FARDENS BLUD. 350 CAMMO GARDENS 134VD Suite, Apt. #, etc. 02262008 Chg-P CR2E034 (12/06) 4. FEI Number Applied For 11-3658020 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 350 CAMINO GALDENS BLUD B Ste - 301 CAP SERVICE CORP. 4800 N FEDERAL HWY, SUITE 3078 Street Address (P.O. Box Number is Not Acceptable) BOCA RATON, FL-33434 33432 Zip Code 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F ☐ Delete TITLE Change Addition GREENWALD, PHYLLIS NAME NAME STREET ADDRESS 5718 SWAYING PALM LANE STREET ADDRESS BOYNTON BEACH, FL 33437 CITY-ST-ZIP CITY-ST-ZIP 350 CANNAD GARDEN TITLE Addition BAUD. GREENWALD, ICERRY A. NAME GREENWALD, KERRY A STE -301 STREET ADORESS 4800 N FEDERAL HWY, SUITE 307B -> STREET ADDRESS BOCA RATON, FL 99491 32432 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P COY-ST-7P TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY ST/ZIP 12. I hereby certify that the information supplied with this filling 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 agrature 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 ampowered 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: KERNY A. GREHIMAD

FILED

Daytime Phone #