

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90230 013 \*\*\*150.00

DOCUMENT # P02000101897

1. Entity Name  
VLT ENTERPRISES, INC.



Principal Place of Business  
9251 PARK BLVD  
SEMINOLE, FL 33777

Mailing Address  
9251 PARK BLVD  
SEMINOLE, FL 33777

2. Principal Place of Business  
6471 102nd Ave  
Suite, Apt. #, etc.

3. Mailing Address  
6471 102nd Ave  
Suite, Apt. #, etc.

City & State  
Pinellas Park, FL  
Zip 33782 Country USA

City & State  
Pinellas Park, FL  
Zip 33782 Country USA

04212004 Chg-P CR2E034 (10/03)

4. FEI Number  
56-2294385  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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.

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	PTD	<input type="checkbox"/> Delete
NAME	RONCHETTI, VICTOR S	
STREET ADDRESS	9251 PARK BLVD	
CITY-ST-ZIP	SEMINOLE, FL 33777	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RONCHETTI, LORRAINE B	
STREET ADDRESS	9251 PARK BLVD	
CITY-ST-ZIP	SEMINOLE, FL 33777	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MENDEZ, SUSAN	
STREET ADDRESS	9251 PARK BLVD	
CITY-ST-ZIP	SEMINOLE, FL 33777	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronchetti, Victor S	
STREET ADDRESS	6471 102nd Ave	
CITY-ST-ZIP	Pinellas Park, FL 33782	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronchetti, Lorraine B	
STREET ADDRESS	6471 102nd Ave	
CITY-ST-ZIP	Pinellas Park, FL 33782	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Lorraine Ronchetti  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 9/29/04 ✓ 727-4512085  
Date Daytime Phone #