

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90232 001 ***793.75

DOCUMENT # P02000103345

1. Entity Name

VSI, INC.



Principal Place of Business

1150 NE 125TH STREET
N. MIAMI FL 33161

Mailing Address

1150 NE 125TH STREET
N MIAMI FL 33161

2. Principal Place of Business

1125 NE 125 St.

3. Mailing Address

1125 NE 125 St.

Suite, Apt. #, etc.

#300

Suite, Apt. #, etc.

#300

City & State

N. Miami, FL

City & State

N. Miami, FL

Zip

33161

Country

USA

Zip

33161

Country

USA

4. FEI Number

56-2296981

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

KRETZSCHMAR, TED L
1150 NE 125TH STREET
N MIAMI FL 33161

7. Name and Address of New Registered Agent

Name

Christopher P. Kelly

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

11098 Biscayne Blvd #205

City

MIAMI

FL

Zip Code

33161

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

4/28/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KRETZACHMAR, TED L	
STREET ADDRESS	1150 NE 125TH STREET	
CITY-ST-ZIP	N MIAMI FL 33161	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1125 NE 125 St. #300	
CITY-ST-ZIP	N. Miami, FL 33161	
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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/04

(305) 891-7000