

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90298 004 ***150.00

DOCUMENT # P02000115440

1. Entity Name

VAN BU INC.



Principal Place of Business

13941 VAN BUREN ST.
MIAMI FL 33176

Mailing Address

13941 VAN BUREN ST.
MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number **74-3085410**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIDGEWAY, SHERMAIN
13941 VAN BUREN ST.
MIAMI FL 33176

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

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, 2005 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 **P** ☐ Delete
NAME RIDGEWAY, SHERMAIN A
STREET ADDRESS 13941 VAN BUREN ST.
CITY-ST-ZIP MIAMI FL 33176

TITLE **V** ☒ Delete
NAME BATTLE, JOHN W
STREET ADDRESS 2601 SW 195 TERR.
CITY-ST-ZIP MIAMI FL 33029

TITLE **T** ☒ Delete
NAME RIDGEWAY, SHERMAIN A
STREET ADDRESS 13941 VAN BUREN STREET
CITY-ST-ZIP MIAMI FL 33176

TITLE **S** ☒ Delete
NAME RIDGEWAY, SHERMAIN A
STREET ADDRESS 13941 VAN BUREN STREET
CITY-ST-ZIP MAIMI, FL 33176

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **(C)** ☒ Change ☐ Addition
NAME Cord Ridgeway
STREET ADDRESS 17501 SW 107 Ave.
CITY-ST-ZIP Miami, FL 33157

TITLE **(T)** ☒ Change ☐ Addition
NAME Tamara Snow
STREET ADDRESS 12010 SW 129 Terr
CITY-ST-ZIP miami, fl 33177

TITLE **(S)** ☒ Change ☐ Addition
NAME Sheena Dixon
STREET ADDRESS 14030 monroe St
CITY-ST-ZIP miami, fl 33176

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

S. L. Ridgeway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-05 (786) 355-1882

Date

Daytime Phone #