

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2004 8:00 am
Secretary of State

08-13-2004 90073 035 ***150.00

DOCUMENT # P03000009394

1. Entity Name
VIRTUAL INTEGRATED APPLICATIONS, INC.



Principal Place of Business Mailing Address
4900 N.E. 24TH AVENUE 4900 N.E. 24TH AVENUE
LIGHTHOUSE POINT, FL 33064 US LIGHTHOUSE POINT, FL 33064 US

24079916



2. Principal Place of Business 3. Mailing Address
633 NE 167 Street 633 NE 167 Street
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 505 Suite 505
City & State City & State
Aurham, Beach FL Aurham, Beach FL 33162
Zip Country Zip Country
33162 USA

07212004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
16-1652513 Not Applicable

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

6. Name and Address of Current Registered Agent

ALCOBA, RUBEN
17347 SW 20TH COURT
MIRAMAR, FL 33029

7. Name and Address of New Registered Agent

Name **Ted Klein**
Street Address (P.O. Box Number is Not Acceptable)
88 NE 168 Street
City **Aurham, Beach FL** Zip Code **33162**

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

7/27/04

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GONZALEZ, EDWIN J	
STREET ADDRESS	4900 N.E. 24TH AVENUE	
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064	
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 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	
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/04

Date

Edwin J. Gonzalez
315 770 0370

Daytime Phone #