


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000025542**  
 1. Entity Name  
**VAU CENTER, CORP**



Principal Place of Business Mailing Address  
**5590 N W 107TH AVENUE** **5590 N W 107TH AVENUE**  
**APT 1107** **APT 1107**  
**MIAMI, FL 33178** **MIAMI, FL 33178**

**DO NOT WRITE IN THIS SPACE**



03302005 No Chg-P CR2E034 (10/03)

4. FEI Number **04-3745582** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**JIMENEZ, MYRIAM C**  
**5590 N W 107TH AVENUE**  
**APT 1107**  
**MIAMI, FL 33178**

**DO NOT WRITE IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD JIMENEZ, MYRIAM C 5590 N W 107TH AVENUE, #1107 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MCDINA, KAROL 5590 N W 107TH AVENUE, #1107 MIAMI, FL 33178
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UPAD00284121  
 04/04/05-80015-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Myriam Jimenez* 03/30/05  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #