


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90020 007 ***150.00

DOCUMENT # P03000034609

1. Entity Name
V & S REPAIR SERVICES, INC.



Principal Place of Business Mailing Address

16460 S.W. 144 AVE. **16460 S.W. 144 AVE.**
MIAMI, FL 33177 **MIAMI, FL 33177**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01262004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

13-4246026 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**

BLANCO, BETTY ESQ. Name
1801 CORAL WAY, STE. 408 Street Address (P.O. Box Number is Not Acceptable)
MIAMI, FL 33145 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE - NAME PD AMADOR, ARNALDO	<input type="checkbox"/> Delete	TITLE - NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 16460 S.W. 144 AVE.		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33177		CITY-ST-ZIP	
TITLE - NAME	<input type="checkbox"/> Delete	TITLE - NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE - NAME	<input type="checkbox"/> Delete	TITLE - NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE - NAME	<input type="checkbox"/> Delete	TITLE - NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE - NAME	<input type="checkbox"/> Delete	TITLE - NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 *Arnaldo Amador* **Feb 12/04** **305 877-0800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #