2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90336 024 ***150.00

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DOCUMENT # P03000038588

1. Entity Name
VCLOE ENTERPRISES INC.

Principal Place of Business	Mailing Address
147 NE NARANAJA AVE PORT SAINT LUCIE, FL 34983	147 NE NARANAJA AVE PORT SAINT LUCIE, FL 34983

04142005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	906 SW Port St. Lucie West Blvd # 148
City & State	Port St. Lucie, FL
Zip / Country	34986 / St. Lucie

4. FEI Number 32-0068944 NOT APPLICABLE ☐ 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
CLOE, VINCE 147 NE NARANAJA AVE PORT SAINT LUCIE, FL 34983	Name: Vincent Cloe Street Address (P.O. Box Number is Not Acceptable): 906 SW Port St. Lucie West Blvd #148 City: Port St. Lucie FL Zip Code: 34986

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 X _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CLOE, VINCE MGR 147 NE NARANAJA AVE PORT SAINT LUCIE, FL 34983	☐ Delete	Pres. Cloe, Vincent 906 SW Port St. Lucie West Blvd # 148 Port St. Lucie, FL 34986	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #