

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90022 017 ***150.00

DOCUMENT # P03000049557

1. Entity Name

VONGAI INVESTMENTS, INC.



Principal Place of Business

122 KINGS WAY
ROYAL PALM BEACH FL 33411

Mailing Address

122 KINGS WAY
ROYAL PALM BEACH FL 33411

2. Principal Place of Business

4152 W. BLUE HERON

Suite, Apt. #, etc.
BLVD # 126

City & State
RIVIERA BEACH, FL

Zip Country
33404 PALM BEACH

3. Mailing Address

4152 W. BLUE HERON BLVD

Suite, Apt. #, etc.
126

City & State
RIVIERA BEACH

Zip Country
33404 PALM BEACH



MOORE

CR2E034 (11/03)

4. FEI Number

42-1591975

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOGBO, CHUCK P.A.
2800 W. OAKLAND PARK BLVD.
SUITE 209
OAKLAND PARK FL 33311

7. Name and Address of New Registered Agent

Name B.ATANAI M. DHILIWAYO

Street Address (P.O. Box Number is Not Acceptable)

122 KINGS WAY

City ROYAL PALM BEACH FL Zip Code 33411

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

3/15/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 PD ☐ Delete
NAME DHILIWAYO, BATANAI M
STREET ADDRESS 122 KINGS WAY
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/04