2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

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DOCUMENT # P03000053440 04 OCT -6 AM 9: 20 1. Entity Name VG & CLAYTON, CORP. SECRETARY OF STATE: TATLAMASSEE ELORIDA Principal Place of Business ___ Mailing Address 20355 NW 34TH CT #324 20355 NW 34TH CT. #324 📆 ... AVENTURA, FL 33180 AVENTURA, FL 33180 3. Mailing Address
2525 HOLLY WOOD BLUE 2. Principal Place of Business 2525 HOLLYWOOD Suite, Apt. #, etc. CR2E034 (10/03) 07142004 Chg-P 205 Applied For 4. FEI Number 9083 HOLLYWOOD Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **EVERY-CLAYTON, GEOFFREY** 20355 NW 34TH CT #324 AVENTURA, FL 33180 Zip Code 33020 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 2004 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the \Box Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition Delete ` TITLE TITLE NAME EVERY-CLAYTON GEOFFRE EVERY-CLAYTON, GEOFFREY NAME STREET ADDRESS 20355 NW 34TH CT #324 STREET ADDRESS CITY-ST-ZIP AVENTURA, FL 33180 CITY-ST-ZIP HOLLYWOOD FL ☐ Delete TIME TITLE GARCIA VANESA CAR GARCIA, VANESA NAME NAME 2525 HOLLYWOOD 20355 NW 34TH CT #324 STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP AVENTURA, FL 33180 YWOOD Delete -TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 400041635944 CITY-ST-ZIP CITY-S1-7/P 10/06/04--01016 ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE - Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP 12. I hereby certify that the information supplied with this filling 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

with all other like empowered

changed, or on an attachment with an address