2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000095641

FILED Apr 20, 2004 8:00 am Secretary of State 04-20-2004 90034 006 ***150.00

### FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	1. Entity Nam VESS INV	e /ESTMENT, INC.								
SAIG. Apt. 4, etc. Suite, Apt. 4, etc. O3272004 Chg.P CRESS4 (10/03) City 6, State 4, FEI Number 5, 8644972 See State State Desired 6, Name and Address of Current Registered Agent 7, Name and Address of State Desired Fee Required Fee Required Fee Required Fee Required Fee Required Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code The obliquions of registered agent, or both, in the State of Porkida, I am familiar with, and accept the obliquions of registered agent, or both, in the State of Porkida, I am familiar with, and accept the obliquions of registered agent agent at the 7 subcase. City FL Zip Code File NowIII FEE Is \$150,00 FILE	8314 GANDY	WAY	8314 GAND	Y WAY					dill from Ph	18w 11 (88)
City & State	2. Principal P	ace of Business	3. Mailing Add	iress						
Exp. Country Country S. Country S. Country S. Country S. Countricate of Status Desired S. S. 75 Additionals Recognition S. R. Name and Address of New Registered Agent Section Address (P.O. Box Number is Not Acceptable)	Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			Chg-P	CR2E03	4 (10/03)	
Exp. Country Country S. Country S. Country S. Country S. Countricate of Status Desired S. S. 75 Additionals Recognition S. R. Name and Address of New Registered Agent Section Address (P.O. Box Number is Not Acceptable)	City & State		City & State	City & State		4. FEI Numbe	5-08449	172		
ARRICHARRANDAS, THAKUREDO E 3314 GANDY WAY ORLANDO, FL 32810 City FL Zip Code 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signature of ingrated agent and title if autitable. Other Requisered Agent spokes enabled when required agent and title if autitable. Other Requisered Agent spokes enabled when required agent and title if autitable. Other Requisered Agent spokes enabled when required agent and title if autitable. Other Requisered Agent spokes enabled when required agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am and accept the obligations of registered agent, or both, in the State of Florida. 1 am and state of Floridas agent and state of Floridas	Zip	Country	Zip	Co	ountry			\$	8.75 Add	itional
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		6. Name and Address of Curr	ent Registered Agen	t		7. Name and	Address of New R	egistered Aq	jent	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			_		Name					
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 familier with, and accept the obligations of registered egent. Community	8314 GAN	DY WAY	E		Street Addres	ss (P.O. Box Numbe	r is Not Acceptable)		
The obligations of registered agent. Community Co		**************************************			City			FL	Zip Code)
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00 Delete			nt for the purpose of c	hanging its regis	tered office or regi	stered agent, or bot	n, in the State of Flo		miliar with,	and accept
Signature. Nyroid or printed range and registered agent and the if applicable. Application Control		ons of registered agent.								
### STO Delete TILE Delete Delete Delete TILE Delete	SIGNATURE_	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Regis	stered Agent signature req	uired when reinstating)		DATE		
MME HARRICHARRANDAS, THAKURDEO E SIRET ADDRESS CITY-ST-2P CREADOP, FL 32810 Change Additional Change A	- FiL	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$5	1 -			\$5.00 May Be Added to Fees				
MARE INTERESTANDESS BASED AND WAY ORLANDO, FL 32810 CITY-ST-2IP TITLE STD Delete NAME HARRICHARRANDAS, VEDAWATEE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CREATER ADDRE	10.	OFFICERS A	ND DIRECTORS	1	11.	ADDITIONS/	CHANGES TO OFF	ICERS AND I	DIRECTORS	IN 11
MAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP MILE MAME STREET ADDRESS CITY-ST-ZIP MAME STR	IAME STREET ADDRESS	HARRICHARRANDAS, THAK 8314 GANDY WAY		!	NAME STREET ADDRESS				☐ Change	Addition
NAME STREET ADDRESS SITY-ST-ZIP TITLE Delete	TITLE Name Street Address City-St-Zip	HARRICHARRANDAS, VEDA 8314 GANDY WAY		!	NAME STREET ADDRESS				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-	TITLE NAME STREET ADDRESS CITY-ST-ZIP				NAME STREET ADDRESS				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-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 directo 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 changed, or on an attachment with an address, with all other like empowered.	IAME STREET ADDRESS				NAME STREET ADDRESS				Change	☐ Addition
NAME STREET ADDRESS CITY-ST-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 changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADDRESS				NAME STREET ADDRESS				☐ Change	☐ Addition
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 changed, or on an attachment with an address, with all other like empowered.	TITLE NAME STREET ADDRESS CITY-ST-ZIP				NAME STREET ADDRESS				Change	Addition
	of the cor changed	poration or the receiver or trustee of or on an attachment with an address	empowered to execute ess, with all other like of	e this report as re empowered.	exemption stated in gnature shall have equired by Chapter	n Section 119.07(3)(the same legal effect 607, Florida Statute	s; and that my nam	e appears in	Block 10 o	Block 11 if