## 2005 FOR PROFIT CORPORATION ANNUAL REPORT



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DOCUMENT # P03000131538  1. Entity Name VL SOUTHGATE ACQUISITION CORP.						04-26-2005 90126 024 ***150.00				
Principal Place of Business Mailing Address						40000	0.6.1			
5414 US 27 DAVENPORT	NORTH	Mailing Address 2419 E. COMMERCIAL BLVD., SUITE 100 FT. LAUDERDALE, FL 33308			40000	(/ 74 1				
							TIBI 11328 111\$1 1	E O I 2019 D 1880 I 18		
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03282005	Chg-P	CR2E	034 (10/03)			
City & State		City & State			4. FEI Numbe			<del></del>	plied For	
Zip Country		Zip Cour		itry	¢9.75		t Applicable			
210	Country	2.14	00011	<b>,</b>	5. Certificate	of Status Desired		Fee Require		
Name and Address of Current Registered Agent					7. Name and	Address of New	Registered	Agent		
WASSERSTROM, ELLEN ESQ.				Name						
100 W. CY	PRESS CREEK RD., SUITE ERDALE, FL 33309	00		Street Addre	dress (P.O. Box Number is Not Acceptable)					
TI. ENOBERDALE, TE 33303										
				City		· · · · · · · · · · · · · · · · · · ·	FL	Zip Code	9	
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								<del></del>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.					\$5.00 May Be Added to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AN	DIRECTORS	5 IN 11	
TITLE	D Delete		TITLE	1				Change	☐ Addition	
NAME LAMBERT, DANIEL STREET ADDRESS 2419 E. COMMERCIAL BLVD., SUIT		SUITE 100	NAM	E Et address						
CITY-ST-ZIP				-ST-ZIP						
TITLE	D Delete TITL							☐ Change	☐ Addition	
NAME STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
TRILE	0	Delete	TITL	E				☐ Change	☐ Addition	
NAME	HEYDEN, CHRISTINA  NA PROPERS 2410 E COMMEDICIAL BLVD, STE 100			e Et adoress						
STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			-ST-ZIP						
TITLE		□ Delete	TITLI	<u> </u>				☐ Change	☐ Addition	
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TITLE	☐ Delete		TITL					☐ Change	Addition	
NAME STREET ADDRESS			NAME Street addres							
STREET ADDRESS CITY-ST-ZIP			- 6	-ST-ZIP	<del>-</del>	- <del>-</del> ·	_			
TITLE		☐ Delete	TITL					☐ Change	Addition	
NAME		<del></del>	NAM	E					ĺ	
STREET ADDRESS	1			ET ADDRESS						

12. I hereby certify that the information supplied with this filing does per 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 truster ampowered 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 applications. With all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-680-9449