

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90022 027 ***150.00

DOCUMENT # P04000019114

1. Entity Name

VICKI, INC.



Principal Place of Business

2424 B-B NORTH CONGRESS AVE
WEST PALM BEACH FL 33409

Mailing Address

2424 B-B NORTH CONGRESS AVE
WEST PALM BEACH FL 33409



2. Principal Place of Business

3. Mailing Address

2424 B-B N. CONGRESS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE B

1st MOORE

CR2E034 (10/04)

City & State

WPB FLORIDA

4. FEI Number

03-0535710

Applied For

Not Applicable

Zip

Country

Zip

Country

33409

Palm Beach Co.

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

PATEL, MITA P
1800 WOODHAVEN DRIVE
WEST PALM BEACH FL 33406

(NEW ADDRESS)

Name PATEL, PARESH

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

2769 10th AVE. N. APT 308

City Palm Springs

FL

Zip Code

33461

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 P ☐ Delete
NAME PATEL, PARESH
STREET ADDRESS 2424 B-B NORTH CONGRESS AVE.
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE VP ☐ Delete
NAME PATEL, MITA P
STREET ADDRESS 2424 B-B NORTH CONGRESS AVE.
CITY-ST-ZIP WEST PALM BEACH FL 33409

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
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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:

PARESH PATEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/05 561-684-6866
Date Daytime Phone #