

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90026 004 \*\*\*150.00

DOCUMENT # P04000100770

1. Entity Name  
VIALE SERVICES, INC.



Principal Place of Business

679 AVENIDA DE MAYO  
SARASOTA, FL 34242 US

(New Address)

Mailing Address

679 AVENIDA DE MAYO  
SARASOTA, FL 34242 US  
2241 LYNN ST  
SARASOTA FL 34231

2. Principal Place of Business - No P.O. Box #

2241 Lynn St  
Suite, Apt. #, etc.

3. Mailing Address

2241 Lynn St  
Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34231

Country

Zip

34231

Country

01252007

Chg-P

CR2E034 (12/06)

4. FEI Number

61-1478527

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PLUM, LAURA A  
1800 2ND STREET  
SUITE 745  
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME VIA, JAMES D  
STREET ADDRESS 679 AVENIDA DE MAYO  
CITY-ST-ZIP SARASOTA, FL 34242 ☐ Delete

TITLE VP  
NAME VIA, JACOB D  
STREET ADDRESS 679 AVENIDA DE MAYO  
CITY-ST-ZIP SARASOTA, FL 34242 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 2241 Lynn St  
CITY-ST-ZIP Sarasota, FL 34231 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 2241 Lynn St  
CITY-ST-ZIP Sarasota, FL 34231 ☒ Change ☐ Addition

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

JAMES D. VIA

Date

Daytime Phone #

1/30/07

941 780 5508