2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 8:00 am Secretary of State

DOCUMENT # P04000112553 1. Entity Name BOB VANN SALES, INC.						04-16-2007 90084 010 ***150.00				
202 1/1	Or LEO, 1110.						2114.1			
Principal Place of Business . 4095 LA PLAYA BLVD MIAMI, FL 33133 US		4095 L	Mailing Address 4095 LA PLAYA BLVD MIAMI, FL 33133 US		4008			81 84481 81188 1113		
2. Principal Place of Business - No P.O. Box #		# 3. Mailing	3. Mailing Address							
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.			01172007	Chg-P	CR2E03	34 (12/06)	
City & State		City &	City & State				4. FEI Number Applied For 20-1440200 Not Applicate			
Zip	Country	Zip		Count	try	5. Certificate	of Status Desired		8.75 Addi ee Required	
	6. Name and Address of Cu	rrent Registered	Agent			7. Name and	Address of New	Registered A	gent	
VANN, R	OBERT B				Name					
	PLAYA BLVD		1			(P.O. Box Numbe	r is Not Acceptab	ole)		
	_ 55.55								_	
	w +				City			FL	Zip Code	
	ve named entity submits this stater ations of registered agent.	ment for the purpos	se of changing its r	egistere	ed office or regist	ered agent, or bot	n, in the State of F	Florida. I am fa	amiliar with, a	and accept
SIGNATURE			-H- MOTE	D				DATE		
-	Signature, typed or printed name of registers	ed agent and title it applic	able. (NOTE:	negistere	d Agent signature requir	ed when reinstaurig)		DATE		
FII After N	LE NOW!!! FEE S \$150.0 May 1, 2007 Fee will be \$,	Election Campaig Trust Fund Contri	-		5.00 May Be ided to Fees				
10.	OFFICER:	S AND DIRECTORS	S	11.		ADDITIONS/	CHANGES TO OF	FFICERS AND	DIRECTORS	5 IN 11
TITLE	P, D		☐ Delete	TITLE	1				☐ Change	Addition
NAME STREET ADDRESS		VANN, ROBERT B 4095 LA PLAYA BLVD 516								
CITY-ST-ZIP	MIAMI, FL 33133				ET ADDRESS					
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/ P WILL			☐ Delete	CITY TITLE NAM	-ST-ZIP E				☐ Change	☐ Addition
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12. I hereby certify that the information supplied with this filling 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 fall other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/07

1305)6671559

Daytime Phone #