
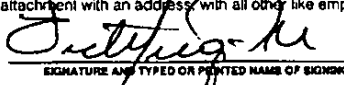


2005 FOR PROFIT CORPORATION ANNUAL REPORT:

FILED
Jul 11, 2005 8:00 am
Secretary of State

06-13-2005 90002 018 ***150.00

DOCUMENT # P04000168133 1. Entity Name VHA FINANCIAL & ACCOUNTING SERVICES, INC.					
Principal Place of Business 4312 NW 44TH STREET TAMARAC, FL 33319			Mailing Address 4312 NW 44TH STREET TAMARAC, FL 33319		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent NOFIL, JOSEPH K PA 3284 N STATE ROAD 7 LAUDERDALE LAKES, FL 33319				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number 20-2010432	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDT ALBAN, VICTOR H 4312 NW 44TH STREET TAMARAC, FL 33319			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

660444JJ



06092005 Chg-P CR2E034 (10/03)

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

FL Zip Code

Date Daytime Phone #

ATTACHMENT

66024455

VHA Financial & Accounting Services, Inc.
7312 NW 44th Street
Tamarac, FL 33319

June 23rd, 2005

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302

RE: P04000168133

Dear Officer:

Please be advised that we did not received the renewal notice for 2005. We have already submitted the UBR 2005, along with a check for \$150.00 due in order to renew the corporation for this year. Please waive all the penalties due to the fact that we did not receive the renewal notice, and update your files accordingly.

Please contact us if you need any additional information.

Sincerely,



Victor Alban,
President