

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 02, 2006 8:00 am
Secretary of State

04-14-2006 90153 017 ***150.00

DOCUMENT # P05000144824

1. Entity Name
VS XPRESS INC



Principal Place of Business
3058 CINCINNATI ST
NORTH PORT, FL 34286

Mailing Address
3058 CINCINNATI ST
NORTH PORT, FL 34286

00010110



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02012006 Chg-P CR2E034 (11/05)

4. FEI Number

203685453

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STELMACH, VITALY
3058 CINCINNATI ST
NORTH PORT, FL 34286

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 renewing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STELMACH, VITALY
STREET ADDRESS 3058 CINCINNATI ST
CITY- ST- ZIP NORTH PORT, FL 34286

☐ Delete

TITLE VPD
NAME STELMACH, YELENA
STREET ADDRESS 3058 CINCINNATI ST
CITY- ST- ZIP NORTH PORT, FL 34286

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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:

Vitaly Stelmach

Vitaly Stelmach

4.11.06 (941) 423-5734

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #