## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P06000054649

1. Entity Name
V.L.D. IMPROVEMENT CORPORATION



FILED Sep 15, 2008 08:00 AM Secretary of State

Principal Place of Business 7061 ARCHWOOD DR. ORLANDO, FL 32819 Mailing Address

7061 ARCHWOOD DR. ORLANDO, FL. 32819



## DO NOT WRITE IN THIS SPACE

05062008 No Chg-P C

CR2E034 (11/05)

4. FEI Number 20-4713573

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, VLADIMIR S 7061 ARCHWOOD DR. ORLANDO, FL 32819

## DO NOT WRITE IN THIS SPACE

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  Due by September 12, 2008  9. Election Campaign Finan Trust Fund Contribution			cing	\$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. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR P LOPEZ, VLADIMIR S 7061 ARCHWOOD DR. ORLANDO, FL 32819	ECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SERA FIN LOPEZ 7061 ARCHWOOD DR. ORLANDO, FL 32819				000000959682 09/15/08-80002-016 150.00
TITLE NAME STREET ADDRESS CITY-SI-ZIP	S LOPEZ, OSCAR 7061 ARCHWOOD DR. ORLANDO, FL 32819			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP					

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 all other like empowered

SIGNATURE:

VLAD I M I S SIGNING OFFICER OR DIRECTOR LOPEZ

1/12/08

321-251-5758

Daytime Phone #