

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90079 030 ***150.00

| | | | |
|--|---|--|--|
| DOCUMENT # P06000068791 1. Entity Name VDS STYLE FLOORING, INC. | | | |
| Principal Place of Business 9601 FONTAINEBLEAU BLVD. #509 MIAMI, FL 33172 | | Mailing Address 9601 FONTAINEBLEAU BLVD. #509 MIAMI, FL 33172 | |
| 2. Principal Place of Business - No P.O. Box # 9460 Fontainebleau Blvd #519 | | 3. Mailing Address 9460 Fontainebleau Blvd #519 | |
| Suite, Apt. #, etc. #519 | | Suite, Apt. #, etc. #519 | |
| City & State Miami, FL | | City & State Miami, FL | |
| Zip 33172 | | Zip 33172 | |
| Country | | Country | |
| 4. FEL Number 20-5021888 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CRISTIAN, GIACCHE 9601 FONTAINEBLEAU BLVD. #509 MIAMI, FL 33172 | | 7. Name and Address of New Registered Agent Name Cristian, Giacche Street Address (P.O. Box Number is Not Acceptable) 9460 Fontainebleau Blvd #519 City Miami FL Zip Code 33172 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE PD | NAME CRISTIAN, GIACCHE | <input type="checkbox"/> Delete | |
| STREET ADDRESS 9601 FONTAINEBLEAU BLVD. #509 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP MIAMI, FL 33172 | <input type="checkbox"/> Delete | | |
| TITLE VD | NAME VILCA, JOSE L | <input checked="" type="checkbox"/> Delete | |
| STREET ADDRESS 9601 FONTAINEBLEAU BLVD. #509 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP MIAMI, FL 33172 | <input type="checkbox"/> Delete | | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |
| Date | | Daytime Phone # | |