

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90122 039 ***150.00

DOCUMENT # P07000015380 1. Entity Name VAHE MIKE SARKISIAN, INC.			
Principal Place of Business 6593 WESTVIEW DRIVE LANTANA, FL 33462 US		Mailing Address 6593 WESTVIEW DRIVE LANTANA, FL 33462 US	
2. Principal Place of Business - No P.O. Box # 2851 NE 183rd Street		3. Mailing Address 2851 NE 183rd Street	
Suite, Apt., etc. 711 E		Suite, Apt., etc. 711 E	
City & State Aventura FL		City & State Aventura FL	
Zip 33160 Country		Zip 33160 Country	
4. FEI Number		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SARKISIAN, VAHE M 6593 WESTVIEW DRIVE LANTANA, FL 33462		7. Name and Address of New Registered Agent Name Sarkisian, Vahe M Street Address (P.O. Box Number is Not Acceptable) 2851 NE 183rd Street APT. # 711 E City Aventura FL Zip Code 33160	
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 reappointing) DATE:			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME SARKISIAN, VAHE M STREET ADDRESS 6593 WESTVIEW DRIVE CITY-ST-ZIP LANTANA, FL 33462	☐ Delete	TITLE P NAME Sarkisian, Vahe M STREET ADDRESS 2851 NE 183rd Street CITY-ST-ZIP Aventura FL 33160	☒ Change ☐ Addition
TITLE VP NAME KARAPETYAN, ANNA STREET ADDRESS 6593 WESTVIEW DRIVE CITY-ST-ZIP LANTANA, FL 33462	☐ Delete	TITLE VP NAME Karapetyan, Anna STREET ADDRESS 2851 NE 183rd Street CITY-ST-ZIP Aventura FL 33160	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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, on an attachment with an address, with all other like empowered.			
SIGNATURE:		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vahe M. Sarkisian 04.21.08 718-551-6101 Date Daytime Phone #	

40080536



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