

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000004545

FILED  
Jan 07, 2012  
Secretary of State

**Entity Name:** VEHICLE COMPLIANCE SERVICES CORPORATION

**Current Principal Place of Business:**

2720 NE 15TH STREET  
UNIT 203  
FT. LAUDERDALE, FL 33304 US

**New Principal Place of Business:**

**Current Mailing Address:**

2720 NE 15TH STREET  
UNIT 203  
FT. LAUDERDALE, FL 33304 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LUCE, ROBERT S  
2720 NE 15TH STREET  
UNIT 203  
FT. LAUDERDALE, FL 33304 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: LUCE, ROBERT S  
Address: 2720 NE 15TH STREET,UNIT 203  
City-St-Zip: FT. LAUDERDALE, FL 33304 US

Title: DIRE  
Name: LUCE, ROBERT S  
Address: 2720 NE 15TH STREET,UNIT 203  
City-St-Zip: FT. LAUDERDALE, FL 33304 US

Title: SEC  
Name: LUCE, ROBERT S  
Address: 2720 NE 15 TH STREET,UNIT 203  
City-St-Zip: FT. LAUDERDALE, FL 33304 US

Title: TRE  
Name: LUCE, ROBERT S  
Address: 2720 NE 15TH STREET, UNIT 203  
City-St-Zip: FT. LAUDERDALE, FL 33304 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT S LUCE

PRES

01/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date