## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## FILED Jun 29, 2007 08:00 Al Secretary of State DOCUMENT # P92Q00002207 1. Entity Name V & S ENTERPRISES, INC. Principal Place of Business Mailing Address 7031-B S.W. 22ND CT. 331 NW 206 TERR DAVIE FL 33317 US MIAMI FL 33164 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0377990 Not Applicable Ζıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOSEPH, VINCENT 331 NW 206 TERRACE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33164 City 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 Fforida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed hame of registered agent and title i applicable. (NOTE Registered Agent signature requirect when seinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition JOSEPH, VINCENT NAMi NAME 331 NW 206 TERRACE UQQQQQ766761 STREET ADDRESS STREET ADDRESS MIAMI FL 33169 06/29/07-80001-021 150.00 CHY-SI-ZIP CHY-SI-7P ST 11111 ☐ Delete ☐ Change Addition JOSEPH, DEBORAH NAMI NAME 331 NW 206 TERRACE STREET ADDRESS STREET ADDRESS MIAMI FL 33169 CITY-S1-ZIP CITY-ST-ZIP THE Delcte THE \_ 🔲 Change\_\_ - 🔲 Addition NAM NAME SHIFT LADDRESS STREET ADDRESS CHY-S1-ZIP CITY - ST- ZIP HILE Delete ☐ Change Addition MAM NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-7IP ш ☐ Delete HILLE ☐ Change Addition NAMO NAME STREET ADDRESS STREET ADORESS CiTY-SI-ZIP CHY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME NAME STHEET ADORESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

CITY-SI-ZIP

SIGNATURE:

CHY+SI-ZIP