


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2004 8:00 am**  
**Secretary of State**

01-27-2004 90004 029 \*\*\*150.00

**DOCUMENT # P94000084421**  
 1. Entity Name  
 V.S.C. REALTY, INC.



Principal Place of Business 4907 N. UNIVERSITY DR. LAUDERHILL, FL 33351	Mailing Address 4907 N. UNIVERSITY DR. LAUDERHILL, FL 33351
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**44004722**



01152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0535245	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CIACIVILLI, VITO  
~~484 DRIFTWOOD COURT~~ *4907 N. UNIVERSITY DRIVE*  
~~MARGO ISLAND, FL 34145~~ *LAUDERHILL, FL 33351*

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CIACIULLI, VITO
STREET ADDRESS	4907 N. UNIVERSITY DR.
CITY - ST - ZIP	LAUDERHILL, FL
TITLE	D
NAME	CIACIULLI, SYBIL A
STREET ADDRESS	4907 N. UNIVERSITY DR.
CITY - ST - ZIP	LAUDERHILL, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *VITO S CIACIULLI* **VITO S CIACIULLI** *1-21-04* **1-21-04** *9547496411* **9547496411**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #