


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000005159			
1. Entity Name VOSGES OF AMERICA, CORP.			
Principal Place of Business 260 CRANDON BLVD, #32-266 KEY BISCAYNE, FL 33149		Mailing Address PMB 266-260 CRANDON BLVD. STE. 32 KEY BISCAYNE, FL 33149	
DO NOT WRITE IN THIS SPACE			
		01192004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0639766	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
BADREG, GAMAL S 260 CRANDON BLVD, #32-266 KEY BISCAYNE, FL 33149		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		DATE 04/26/04-80048-020 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	PTD		
NAME	BADREG, GAMAL S		
STREET ADDRESS	260 CRANDON BLVD #32-266		
CITY-STATE-ZIP	KEY BISCAYNE, FL 33149		
TITLE			
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
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: <u>GAMAL S BADREG</u>		3058608266	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	