## 2004 FOR PROFIT CORPORATION

## Aug 30, 2004 8:00 am Secretary of State **ANNUAL REPORT** 08-30-2004 90003 006 \*\*\*150.00 **DOCUMENT # P97000015998** 1. Entity Name VANESSA ENTERPRISES INC. **J4U7Ub95** Mailing Address Principal Place of Business 3024 BLANCHETTE TRAIL 1024 BLACHETTE TR LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 2. Principal Place of Business 3. Mailing Address $\theta \lambda \mathcal{U}$ Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P CR2E034 (10/03) 08192004 Applied For City & State City & State 4. FEI Number 65-0726680 Not Applicable Zip 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 RODRIGUEZ, SALVADOR Street Address (P.O. Box Number is Not Acceptable) 3024 BLANCHETTE TRAIL LAKE WORTH, FL 33467 Zip Code City Fl 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 reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be П Trust Fund Contribution. Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE RODRIGUEZ, SALVADOR NAME NAME STREET ADDRESS 3024 BLANCHETTE TRAIL STREET ADDRESS CITY-ST-7IP LAKE WORTH, FL 33467 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 2

**FILED** 

TO = Florida Deparment OF STOTE.

FROM = SALVADOR RODRIGUEZ. Alfachment

PRISTERING INDUSTRY.

3024 Blanchette

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BAY. CREDIT CARD.

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SAL RODNIGUEZ.

PRESIDENTOF.

VANCSSA ENTERPRISE.