## 2004 FOR PROFIT CORPORATION

**ANNUAL REPORT** 

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

DOCUMENT # P97000050377 1. Entity Name VCS, INC. Principal Place of Business Mailing Address 2419 E. COMMERCIAL BLVD. 2901W. OAKLAND PK BLVD. STE 100 #38 FORT LAUDERDALE, FL 33308 FORT LAUDERDALE, FL 33311



## 04202004 CR2E034 (10/03) No Chg-P

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Applied For 4. FEI Number 65-0759912 Not Applicable \$8.75 Additional 

5. Certificate of Status Desired

Fee Required

CWH-LOC

BLODIG, GREGORY J ESQ 100 W CYPRESS CK RD. #700 FORT LAUDERDALE, FL 33308

SIGNATURE:

## 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 tam 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)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finant     Trust Fund Contribution	cing	\$5.00 May Be Added to Fees	U00000129277
					04/26/04-80071-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERRILLO, JAMES 2419 E. COMMERCIAL BLVD. #100 FORT LAUDERDALE, FL 33308				
TITLE NAME STREET ADORESS CITY-S1-ZIP	PD LAMBERT, DANIEL 2419 E. COMMERICAL BLVD. #100 FORT LAUDERDALE, FL 33308				
11TLE NAME STREET ADDRESS CITY-ST-ZIP	O HEYDEN, CHRISTINA 2419 COMMERCIAL BLVD. #100 FORT LAUDERDALE, FL 33308			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY:ST-ZIP				IN	THIS SPACE
IITLE NAME STREET ADDRESS CITY-ST-ZIP					
THILE NAME 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 it 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.					

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR