

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90225 032 ***150.00

DOCUMENT # P97000050377

1. Entity Name
VCS, INC.



Principal Place of Business
2901W. OAKLAND PK BLVD.
#38
FORT LAUDERDALE, FL 33311 US

Mailing Address
2419 E. COMMERCIAL BLVD.
STE 100
FORT LAUDERDALE, FL 33308 US



2. Principal Place of Business

2419 E. Commercial Blvd
Suite, Apt. #, etc.
Suite 100

3. Mailing Address

Suite, Apt. #, etc.

04262006 Chg-P CR2E034 (11/05)

City & State
Ft. Lauderdale

City & State

4. FEI Number
65-0759912

Applied For
Not Applicable

Zip
33308

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 ☐ Delete
NAME VERRILLO, JAMES
STREET ADDRESS 2419 E. COMMERCIAL BLVD. #100
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE PD ☐ Delete
NAME LAMBERT, DANIEL
STREET ADDRESS 2419 E. COMMERCIAL BLVD. #100
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Verrillo

4-28-06

954-630-9449

Date

Daytime Phone #