

# 2604 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000086275

1. Entity Name  
V.A.A.C., INC.

Principal Place of Business  
505-SW 102ND AVENUE  
MIAMI, FL 33174

Mailing Address  
505-SW 102ND AVENUE  
MIAMI, FL 33174



02052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0793937

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CRUZ, VICTOR A  
505-SW 102ND AVENUE  
MIAMI, FL 33174

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☒ \$5.00 May Be  
Added to Fees

155.00

**10. OFFICERS AND DIRECTORS**

TITLE	DPTS
NAME	CRUZ, VICTOR A
STREET ADDRESS	505-SW 102ND AVENUE
CITY - ST - ZIP	MIAMI, FL 33174
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000058494  
02/20/04-80039-002 155.00

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: *[Signature]* Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-04 (305)  
226-5801

Date

Daytime Phone #