

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90021 044 ***150.00

DOCUMENT # P98000064618
 1. Entity Name
 VDI, INC.



Principal Place of Business Mailing Address
 407 LINCOLN ROAD STE 701 407 LINCOLN ROAD STE 701
 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number **65-0853472** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Name and Address of Current Registered Agent
 FELDMAN, DAVID
 407 LINCOLN ROAD STE 701
 MIAMI BEACH FL 33139
 7. Name and Address of New Registered Agent
 Name **Feldman Paul**
 Street Address (P.O. Box Number is Not Acceptable) **407 Lincoln Rd. #701**
 City **MIAMI BEACH FL** Zip Code **33139**

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]* **Paul Feldman** DATE **3/8/04**
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State
 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FELDMAN, PRINCESS 407 LINCOLN ROAD STE 701 MIAMI BEACH FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **Princess Feldman, President** Date **3/4/04** Daytime Phone # **(305) 534 4721**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR