2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000026093

1. Entity Name VERSION ORIGINALE INTERNATIONAL, INC.



Principal Place of Business

7519 W SAND LAKE ROAD ORLANDO, FL 32819-5109

Mailing Address

7519 W SAND LAKE ROAD ORLANDO, FL 32819-5109

FILED Feb 03, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01242004 No Chg-P CR2E034 (10/03)

4. FEI Number		Applied For
59-3574827		Not Applicable
5. Certificate of Status Desired		5 Additional

6. Name and Address of Current Registered Agent

PIRIOU, ELIZABETH 8386 SANDPOINTE BLVD. ORLANDO, FL 32819

DO NOT WRITE IN THIS SPACE

		o constant of the constant of				
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) SATE						
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financia Trust Fund Contribution.			cing 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIRIOU, ELIZABETH 8386 SANDPOINTE BLVD. ORLANDO, FL 32819				U00000029870 02/04/04-80086-007 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CRY-ST-ZIP				DO	NOT WRITE	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
RITLE NAME STREET ADDRESS CRY-ST-ZIP						
12. I hereby	certify that the information supplied with this fi	iling does not qualify for the exer	mption state	d in Section 119.07(3)	(i), Florida Statutes. I further certify that the information	

12. Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, I turner 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:

PIGNATURE AND TYPED OR PRINTED HAVE OF SIGNARD DEFICER OR DIRECTOR

1/28/04

Daytimo Phone #