

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P99000030515

1. Entity Name

VCJ PROPERTIES, INC.



Principal Place of Business

5531 N UNIVERSITY DR  
103  
POMPANO BEACH FL 33067  
US

Mailing Address

BOX 26060  
TAMARAC FL 33320



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0926087

Applied For  
Not Applicable

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

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

TORCHIN, DAVID CPA  
8511 WEST BROWARD BLVD  
SUITE 200  
PLANTATION FL 33324

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, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PULLA, JOSEPH	
STREET ADDRESS	1701-A BLOUNT RD.	
CITY-STATE-ZIP	POMPANO BEACH FL 33069	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	PULLA, JOSEPH	
STREET ADDRESS	555 STEEPROCK DRIVE	
CITY-STATE-ZIP	DOWNSVIEW, ONTARIO CA m3j- 2z6	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TABONE, RITA	
STREET ADDRESS	555 STEEPROCK DRIVE	
CITY-STATE-ZIP	DOWNSVIEW, ONTARIO CA m3j- 2z6	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PULLA, VINCENZO	
STREET ADDRESS	555 STEEPROCK DR	
CITY-STATE-ZIP	DOWNSVIEW, ONTARIO, CANADA M3J -2Z6	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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

Date

Daytime Phone #