

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000047870

Entity Name: V.S.P. CORP.

FILED
Jul 22, 2005
Secretary of State

Current Principal Place of Business:

419 WASHINGTON AV
MIAMI, FL 33139

New Principal Place of Business:

419 WASHINGTON AV
MIAMI BEACH, FL 33139

Current Mailing Address:

1865 BRICKELL AVE
APT A1614
MIAMI, FL 33129

New Mailing Address:

419 WASHINGTON AV
MIAMI BEACH, FL 33139

FEI Number: 65-0923650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRITO, GEORGE
407 LINCOLN RD
#5-B
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: NOUEL, SUSANA
Address: 880 NORTH VENETIAN DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ESTRELLA, VIVIEN S P
Address: 419 WASHINGTON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: S () Change (X) Addition
Name: NOUEL, VIVIEN J S
Address: 1865 BRICKELL AV. APT. A1614
City-St-Zip: MIAMI, FL 33129

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIVIEN ESTRELLA

P

07/22/2005

Electronic Signature of Signing Officer or Director

Date