

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90006 003 ***150.00

DOCUMENT # P99000055383

1. Entity Name

VISIBLE DIFFERENCE, INC.



Principal Place of Business

500 S.E. SIXTH ST., STE 100
FORT LAUDERDALE FL 33301

Mailing Address

500 S.E. SIXTH ST., STE 100
FORT LAUDERDALE FL 33301

34063748

2. Principal Place of Business

3875 Shipping Ave
Suite, Apt. #, etc.

3. Mailing Address

3875 Shipping Ave
Suite, Apt. #, etc.



MOORE

CR2E034 (4/04)

City & State

MIAMI, FLA

City & State

MIAMI, FLA

4. FEI Number

65-1086094

Applied For

Not Applicable

Zip

33146

Country

DADE

Zip

33146

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOUZE, PHILIP J
500 S.E. SIXTH ST., STE 100
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

JOHN J. THOMAS

Street Address (P.O. Box Number is Not Acceptable)

3875 Shipping AVE

City

MIAMI

FL

Zip Code

33146

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

JOHN J. THOMAS, Pres
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/26/04

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, JOHN J	
STREET ADDRESS	2590 MAYFAIR LANE	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	DP	<input type="checkbox"/> Delete
NAME	THOMAS, John J.	
STREET ADDRESS	2281 SW 129TH AVE	
CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

JOHN J. THOMAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/04 (954) 437-3973
Date Daytime Phone #