


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

04 MAR -8 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000078232	
1. Entity Name VPS & J ENTERPRISES, INC	

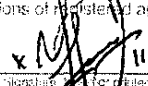
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 14620 S.W. 51 ST		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33175	Country	Zip	Country

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-0948450		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name YDANIA LEON AVILA		
	Street Address (P.O. Box Number is Not Acceptable) 14620 SW 51 ST		
	City Miami	FL	Zip Code 33175

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  **200030596622**
(NOT a registered agent signature required when reappointing) **03/17/04 01016 013 **308.75**

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PO YDANIA LEON AVILA 14620 S.W. 51 ST Miami, FL 33175	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address and all other like empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date _____ Telephone # _____

CR2E034B (12/02)

Division of Corporations
P.O.BOX 6327
Tallahassee, Fl 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 300.00 for the annual report fee with my application.

Please be advise that we moved to 14620 SW 51 ST MIAMI , Fl 33175 since December of 2002 and we not received the U.B.R. for the year ,2003, 2004 or any other notice from the Division of Corporations in respect with my Corporation **VPS & J ENTERPRISES, INC.**

A handwritten signature in black ink, appearing to read 'IDANIA LEON AVILA', with a large, stylized flourish at the end.

IDANIA LEON AVILA
PRESIDENT