

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S21169

Entity Name: VLAP CORP.

FILED
Jan 13, 2005
Secretary of State

Current Principal Place of Business:

13712 S.W. 84TH STREET
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

13712 S.W. 84TH STREET
MIAMI, FL 33186

New Mailing Address:

13712 S.W. 84TH STREET
MIAMI, FL 33183

FEI Number: 65-0242108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SGROL, AMBROISE
13712 S.W. 84TH STREET
MIAMI, FL 33183 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SGROL, FRANCESCA
Address: 13712 S.W. 84TH STREET
City-St-Zip: MIAMI, FL 33183

Title: STD () Delete
Name: SGROL, AMBROISE
Address: 13712 S.W. 84TH STREET
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SGROI, FRANCESCA
Address: 13712 S.W. 84TH STREET
City-St-Zip: MIAMI, FL 33183

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FRANCESCA SGROI

P

01/13/2005

Electronic Signature of Signing Officer or Director

_____ Date