## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 01, 2004 8:00 am Secretary of State

<ol> <li>Entity Nam</li> </ol>	MEN 1 # 382306			05-10-2004 90	479 005 ***150.00
	VJAC, INC.				
CERT	T # 23-801 216	7565-2			
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2. Principal P	face of Business	3. Mailing Address	· · · · · · · · · · · · · · · · · · ·		
14 & 80 Suite, Apt.	1-96 11.W. 7 AZ	Suite, Apt. #, etc.		DO NOT WRITE IN	THIS SPACE
			EATON LN.		
City & State	<i>- ,</i>	City & State  LAKE WOR	TH FL	4. FEI Number ON FILE	Applied For Not Applicable
3316	8 Country	33467	Country USH	5. Certificate of Status Desired	\$8.75 Additional Fee Required
92734			Name on	7. Name and Address of Current Regis	stered Agent
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			City		FL Zip Code
	<ul> <li>named entity submits this statement for tions of registered agent.</li> </ul>	the purpose of changing its	registered office or register	red agent, or both, in the State of Florida.	I am familiar with, and accept
CICNIATURE				•	
SIGNATURE	Signature, typed or printed name of registered agent ar	nd tele if applicable. (NOT	E: Registered Agent signature required	when reinstaing)	DATE
and the last	orrane 1 C May: 1: Fon le \$150 00			1	
Ja S	nuary 1 : May 1 : Fee Is \$150.00 After May 1 : Fee Is \$550.00 Amended UBR Is \$61.25		•	Election Campaign Financin     Trust Fund Contribution.	· _ +0.00 //.0,00
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Make Check 10. TITLE NAME	After May 1: Fee is \$550.00 Amended: UBR is \$61.25. Payable to Floride Department of OFFICERS AND DEVICE AND D	DIRECTORS  N. NEWMA	MANE NAME	Trust Fund Contribution.	☐ Added to Fees
Make Check 10.	After May 1: Fee is (550,00) Amended: UBR is \$61,25. Payable to Florida Department of OFFICERS AND DEPARTMENT OF THE STATE	DIRECTORS  M. NEWMA. Lane	MANE STREET ADDRESS	Trust Fund Contribution.	☐ Added to Fees
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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, if 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04 (561) 434-118.

Jocqueline M. NEVIMAN