

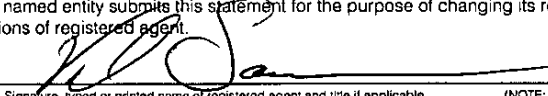
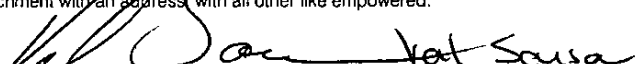


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90053 045 ***150.00

DOCUMENT # S95833 1. Entity Name V.S.P. OF BROWARD, INC.					
Principal Place of Business 2436 N. FEDERAL HWY 376 SUITE 376 LIGHTHOUSE POINT, FL 33064 US				Mailing Address 2436 N. FEDERAL HWY 376 SUITE 376 LIGHTHOUSE POINT, FL 33064 US	
2. Principal Place of Business 2436 N. Federal Hwy Suite, Apt. #, etc. 376		3. Mailing Address 2436 N. Federal Hwy Suite, Apt. #, etc. 376		50009390 	
City & State Lighthouse Point, FL Zip 33064 Country USA		City & State Lighthouse Point, FL Zip 33064 Country USA		4. FEI Number 65-0298505 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01292005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent SOUSA, SUSAN 2436 N FEDERAL HWY # 376 LIGHTHOUSE POINT, FL 33064				7. Name and Address of New Registered Agent Name Val J. Sousa Street Address (P.O. Box Number is Not Acceptable) 2436 N. Federal Hwy #376 City Lighthouse Point, FL Zip Code 33064	
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  DATE 1-31-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOUSA, SUSAN 2436 N. FEDERAL HWY #376 LIGHTHOUSE POINT, FL 33064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Sousa, Val J. 2436 N. Federal Hwy #376 Lighthouse Point, FL 33064 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOUSA, SUSAN 2436 N FEDERAL HWY # 376 LIGHTHOUSE POINT, FL 33064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SOUSA, VAL J 2436 N FEDERAL HWY # 376 LIGHTHOUSE POINT, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  1-31-05 954-629-9292 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					