

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V74286

1. Entity Name
VGI COMMUNICATIONS, INC.



Principal Place of Business
1393 S.W. 12TH AVENUE
BAY F
POMPANO BEACH, FL 33069 US

Mailing Address
1393 SW 12 AVE
BAY F
POMPANO BCH, FL 33069 US

FILED
Apr 05, 2004 08:00 AM
Secretary of State



01052004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0407927

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIMONTE, JAMES
1393 SOUTHWEST 12TH AVENUE
POMPANO BEACH, FL 33069

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

U000000103081
04/05/04-80041-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BIMONTE, JIM
STREET ADDRESS	1393 SW 12 AV
CITY - ST - ZIP	POMPANO BEACH, FL
TITLE	VP
NAME	BIMONTE, JIM
STREET ADDRESS	1393 SW 12 AVE E
CITY - ST - ZIP	HALLANDALE, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #