


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # G52240 1. Entity Name VIBRATION ENERGY SERVICES, INC.	
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Principal Place of Business 7820 NW 41ST STREET SUNRISE FL 33351	Mailing Address 7820 NW 41ST STREET SUNRISE FL 33351
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/07)

City & State	City & State	4. FEI Number 59-2341251	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SEBASTIAN, WARREN 7820 NW 41ST STREET SUNRISE FL 33321	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when not changed)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution \$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	PST SEBASTIAN, WARREN 7820 NW 41ST STREET SUNRISE FL <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	D SEBASTIAN, WARREN 7820 NW 41ST STREET SUNRISE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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04/15/08-80018-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Warren Sebastian WARREN SEBASTIAN April 01/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR