2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000023525

1. Entity Name
V&B FINANCIAL INC.

Principal Place of Business	Mailing Address
370 GOLFVIEW RD APT 804 NORTH PALM BEACH, FL 33408	370 GOLFVIEW RD APT 804 NORTH PALM BEACH, FL 33408

DO NOT WRITE IN THIS SPACE

04152007   No Chg-P   CR2E034 (11/05)

4. FEI Number 01-0620474	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

ALEXANDROW, VLADIMIR
370 GOLFVIEW RD
APT 804
NORTH PALM BEACH, FL 33408

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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 4-16-07

Signature-typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ALEXANDROW, VLADIMIR
STREET ADDRESS	370 GOLFVIEW RD APT 804
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408

TITLE	S
NAME	ALEXANDROW, BARBARA
STREET ADDRESS	370 GOLFVIEW RD APT 804
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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04/30/07-80053-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ 4-16-07   561-630-6809

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #