2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90062 001 ***150.00

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03132005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000134814

1. Entity Name
V.L. MANAGEMENT, INC.

Principal Place of Business	Mailing Address
561 S.W. 181 AVENUE PEMBROKE PINES, FL 33029	561 S.W. 181 AVENUE PEMBROKE PINES, FL 33029

2. Principal Place of Business	3. Mailing Address
6301 COLLINS AVENUE	6301 COLLINS AVENUE
Suite, Apt. #, etc. APT 1105	Suite, Apt. #, etc. APT 1105
City & State MIAMI BEACH, FL	City & State MIAMI BEACH, FL
Zip: 33141 / Country: USA	Zip: 33141 / Country: USA

4. FEI Number: 55-0853864 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRADFORD, JAMES N JR. 2100 WEST 76TH STREET, STE. 211 HIALEAH, FL 33016	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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	PD GABEIRAS, VIVIANA ~~561 S.W. 181 AVENUE~~ ~~PEMBROKE PINES, FL 33029~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 6301 COLLINS AVE APT 1105 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GABEIRAS, RAFAEL ~~561 S.W. 181 AVENUE~~ ~~PEMBROKE PINES, FL 33029~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 6301 COLLINS AVE APT 1105 MIAMI BEACH, FL 33141
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #