


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 22, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000006275 1. Entity Name VFINANCE, INC.	
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Principal Place of Business 3010 N. MILITARY TRAIL #300 BOCA RATON, FL 33431	Mailing Address 3010 N. MILITARY TRAIL #300 BOCA RATON, FL 33431
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07022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1974423	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VFIN EXECUTIVE SERVICES INC 3010 N MILITARY TRAIL SUITE # 300 BOCA RATON, FL 33431
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**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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

U000000172457
09/22/04-80002-002 \$550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CV MAHONEY, TIMOTHY 3010 N. MILITARY TRAIL #300 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SOKOLOW, LEONARD J. 3010 N. MILITARY TRAIL #300 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPECTOR, DAVID 3010 N. MILITARY TRAIL #300 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KACER, MARK 3010 N. MILITARY TRAIL #300 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAMPANELLA, RICHARD 3010 N MILITARY TRAIL # 300 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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)(f), 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: Mark Kacer (Mark Kacer) 8/31/04 561-981-1083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #