



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H29675</b> 1. Entity Name V.P. FINANCIAL CORP.			
Principal Place of Business 1801 NW 66 AVE. PLANTATION, FL 33313 US		Mailing Address P.O. BOX 451539 SUNRISE, FL 33345 US	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01052004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2906554	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  STEIN, AMY 4251 NW 65 ROAD BOCA RATON, FL 33496		<b>DO NOT WRITE IN THIS SPACE</b>	
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 <u>Amy Stein</u> <u>AMY STEIN</u> <u>Sec/Treas.</u> <u>1/5/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  01/07/04-80013-003 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV STUART, PERLIN 10586 STONEBRIDGE BLVD BOCA RATON, FL 33498		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST AMY STEIN 4251 NW 65 ROAD BOCA RATON, FL 33496		
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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: <u>Amy Stein</u> <u>AMY STEIN</u> <u>sec/treas</u> <u>1/5/04</u> <u>954-792-9994</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			