2004 FOR PROFIT CORPORATION ANNUAL, REPORT

FILED Feb 12, 2004 08:00 AM Secretary of State

DOCUMENT # P0000020481 1. Entity Name V. VERBEKE GROUP, INC.					Secretary of State	
Principal Place 1908 S UNIVI DAVIE, FL 33	ersity dr	Mailing Address 1908 S UNIVERSITY DR DAVIE, FL 33324				
DO NOT WRITE IN THIS SPACE				02072004 4. FEI Numbe 65-099		
VERBEKE, VALERIE 1908 S UNIVERSITY DR DAVIE, FL 33324				DO NOT WRITE IN THIS SPACE		
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 like if applicable (NOTE Registered Agent signature required when reinstating) DATE DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				\$5.00 May Be Added to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI D VERBEKE, VALERIE 1908 S UNIVERSITY DR DAVIE, FL 33324	RECTORS			000000048405 02/12/04-80079-008 158.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP					NOT WRITE THIS SPACE	
TITLE NAME STREET ADDRESS GITY ST ZIP TITLE NAME STREET ADDRESS CITY ST ZIP						
12. I hereby certify that the information supplied with this filling 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 cath; 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.						