2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000054105

FILED Apr 26, 2004 8:00 am Secretary of State 04-26-2004 91053 036 ***150.00

1. Entity Name V & P ECONOMIC CONSULTANTS, INHC.			
Principal Place of Business 1300 BRICKELL AVE MIAMI, FL 33131	Mailing Address 1300 BRICKELL AVE MIAMI, FL 33131	- !	
2. Principal Place of Business 2475 BITCKELL AJENUE	3. Mailing Address 2475 Brickel	1 Avenue	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04232004 Chg-P CR2E034 (10/03)
City & State Hiani, Fl	City & State Hiami , Fl	_	4. FEI Number Applied For 65-1050303 Not Applicable
Zip Country 33129 USA	Zip 3312 9	Country USA	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
VANGEGAS, SANTIAGO 1300 BRICKELL AVE MIAMI, FL 33131			
1			Brickell Avenue, # 1805
			ani FL Zip Code 129
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, typed or printed name of registered agent and tilled applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10: OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME VANEGAS, SANTIAGO STREET ADDRESS 1300 BRICKELL AVE	☐ Delete	NAME VO.	OSD Change Addition Regas, Santiago A75 Brickell Avenue, #1805
CITY-ST-ZIP MIAMI, FL 33131	Delete	CITY-ST-ZIP H	tiami, Fl 33129
NAME STREET ADDRESS CITY - ST - ZIP	3 5000	NAME STREET ADDRESS CITY-ST-ZIP	·
TITLE	Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	الوادانية ومنتقص والمستهيرة المستعد المارون والنواد المستعيدين
TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP		CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS	Delete	NAME STREET ADDRESS	Change Auditori
CITY- ST-ZIP	1.1	CITY-ST-ZIP	in the second se
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLENAME 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 empoying 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 empoyered.			
SIGNATURE: 04 22 2004 305-505-4692 SIGNATURE AND TYPED ON PAINTECTOR DIRECTOR DAYS Daytime Phone #			