

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90047 024 ***150.00

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|--|---|---------------------------------|--|---|--|
| DOCUMENT # P00000083329 1. Entity Name VM TECH, INC. | | | | | |
| Principal Place of Business 1920 E HALLANDALE BEACH BLVD, STE 906 HALLANDALE, FL 33009 | | | Mailing Address 1920 E HALLANDALE BEACH BLVD, STE 906 HALLANDALE, FL 33009 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | |
| 4. FEI Number 65-1051507 | | | 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 BLODIG, GREGORY J ESQ GREENSPOON, MARDER, HIRSCHFELD, P.A. 100 W CYPRESS CREEK RD, STE 700 FT LAUDERDALE, FL 33309 | | | 7. Name and Address of New Registered Agent Name <u>JEROME H. STERN</u> Street Address (P.O. Box Number is Not Acceptable) <u>1920 E HALLANDALE BEACH BLVD</u> <u>SUITE 906</u> City <u>HALLANDALE</u> FL <u>33009</u> | | |
| 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>[Signature]</u> DATE <u>4/4/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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-STATE-ZIP | VPS STERN, JEROME H 1920 E HALLANDALE BEACH BLVD, STE 906 HALLANDALE, FL 33009 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | PRESIDENT, DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | PD LIPSON, ARTHUR E 1920 E HALLANDALE BEACH BLVD, STE 906 HALLANDALE, FL 33009 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | EX VP, SECY, TREASURER, DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | D ELKINS, ROBIN K 2117 SO. BABCOCK ST STE 106 MELBOURNE, FL 32901 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | V.P. - DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>ARTHUR E. LIPSON, PRES</u> | | | Date <u>4/4/04</u> (954) 454-1114 Daytime Phone # | | |

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01202004 Chg-P CR2E034 (10/03)