

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2005 08:00 AM**  
**Secretary of State**

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



02252005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-1051507

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

STERN, JEROME H  
1920 E. HALLANDALE BCH. BLVD STE 906  
HALLANDALE, FL 33009

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

Signature, typed or printed name of registered agent and (if applicable,

(NOTE: registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

|                |                                       |
|----------------|---------------------------------------|
| TITLE          | PD                                    |
| NAME           | STERN, JEROME H                       |
| STREET ADDRESS | 1920 E HALLANDALE BEACH BLVD, STE 906 |
| CITY- ST- ZIP  | HALLANDALE, FL 33009                  |
| TITLE          | VPSD                                  |
| NAME           | LIPSON, ARTHUR E                      |
| STREET ADDRESS | 1920 E HALLANDALE BEACH BLVD, STE 906 |
| CITY- ST- ZIP  | HALLANDALE, FL 33009                  |
| TITLE          | VPD                                   |
| NAME           | ELKINS, ROBIN K                       |
| STREET ADDRESS | 2117 SO. BABCOCK ST STE 106           |
| CITY- ST- ZIP  | MELBOURNE, FL 32901                   |
| TITLE          |                                       |
| NAME           |                                       |
| STREET ADDRESS |                                       |
| CITY- ST- ZIP  |                                       |
| TITLE          |                                       |
| NAME           |                                       |
| STREET ADDRESS |                                       |
| CITY- ST- ZIP  |                                       |

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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR E. LIPSON  
V. Pres.

Date

Daytime Phone #

3/22/05 (954) 454-1114