


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90019 005 \*\*\*150.00

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<b>DOCUMENT # P01000018487</b>			
1. Entity Name <b>VIRGI CORP</b>			
Principal Place of Business <b>22605 SW 66TH AVE. APT. #409B BOCA RATON, FL 33428</b>		Mailing Address <b>22605 SW 66TH AVE. APT. #409B BOCA RATON, FL 33428</b>	
2. Principal Place of Business <b>6403 BOCA CIRCLE</b>		3. Mailing Address <b>6403 BOCA CIRCLE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>BOCA RATON FL</b>		City & State <b>BOCA RATON FL</b>	
Zip <b>33433</b>	Country	Zip <b>33433</b>	Country
4. FEI Number <b>65-1077962</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
8. Name and Address of Current Registered Agent <b>CAGNOLATTI, MARIA A 22605 SW 66TH AVE. APT. #409B BOCA RATON, FL 33428</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6403 BOCA CIRCLE</b> City <b>BOCA RATON FL</b> Zip Code <b>33433</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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>CAGNOLATTI, MARIA A</b> <b>22605 SW 66TH AVENUE, 409B</b> <b>BOCA RATON, FL 33428</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6403 BOCA CIRCLE</b> <b>BOCA RATON FL 33433</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>DE ANQUIN, JORGE</b> <b>22605 S.W. 66TH AVE., 409B</b> <b>BOCA RATON, FL 33428</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6403 BOCA CIRCLE</b> <b>BOCA RATON FL 33433</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(c), 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><i>Maria A. Cagnolatti</i></u>		MARIA A. CAGNOLATTI PRESIDENT	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>3/24/04</b> Daytime Phone # <b>(954) 298-8039</b>	