

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000115162

FILED
Dec 17, 2009
Secretary of State**Entity Name:** VARGA GROUP ENTERPRISES, INC.**Current Principal Place of Business:**110 S SHORE DR.
4A
MIAMI BCH, FL 33141**New Principal Place of Business:****Current Mailing Address:**110 S SHORE DR.
4A
MIAMI BCH, FL 33141**New Mailing Address:****FEI Number:** 04-3629162**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GIACOMAN, BORIS F
110 S SHORE DR.
4A
MIAMI BCH, FL 33141 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: GIACOMAN, BORIS F
Address: 110 S SHORE DR STE 4A
City-St-Zip: MIAMI BCH, FL 33141**Title:** VP (X) Delete
Name: SORI, RUTH ELISA
Address: 110 S SHORE DR STE 4A
City-St-Zip: MIAMI BEACH, FL 33141**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: GIACOMAN, BORIS F
Address: 110 S SHORE DR STE 4A
City-St-Zip: MIAMI BCH, FL 33141**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BORIS GIACOMAN

P

12/17/2009

Electronic Signature of Signing Officer or Director

Date