

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # P02000017793**

1. Entity Name

VFIN EXECUTIVE SERVICES, INC.



Principal Place of Business

3010 NORTH MILITARY TRAIL, SUITE 300  
BOCA RATON FL 33431

Mailing Address

3010 NORTH MILITARY TRAIL, SUITE 300  
BOCA RATON FL 33431

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

02-0560313

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANGELL CORPORATE SERVICES, INC.  
ONE NORTH CLEMATIS STREET  
SUITE 400  
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME SOKOLOW, LEONARD J  
STREET ADDRESS 3010 NORTH MILITARY TRAIL, SUITE 300  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE D ☐ Delete  
NAME MAHONEY, TIMOTHY E  
STREET ADDRESS 3010 NORTH MILITARY TRAIL, SUITE 300  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE T ☐ Delete  
NAME REINKEN, SHEILA C  
STREET ADDRESS 3010 N MILITARY TRAIL # 300  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE S ☐ Delete  
NAME CAMPANELLA, RICHARD  
STREET ADDRESS 3010 N MILITARY TRAIL # 300  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
U00000546010  
05/11/06-80100-020 150.00

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Sheila C. Reinken*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/06

581-981-1082

Date

Daytime Phone #