

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90006 045 \*\*\*150.00

DOCUMENT # P02000023525

1. Entity Name  
V&B FINANCIAL INC.



Principal Place of Business

278 SWAN LANE  
JUPITER, FL 33458

Mailing Address

278 SWAN LANE  
JUPITER, FL 33458

2. Principal Place of Business

370 GOLFVIEW RD.

Suite (Apt) #, etc.  
804

3. Mailing Address

370 GOLFVIEW RD.

Suite (Apt) #, etc.  
804



54018056

03102004

Chg-P

CR2E034 (10/03)

City & State

NORTH PALM BEACH FL.

Zip  
33408

Country U.S.A.  
PALM BEACH

City & State

NORTH PALM BEACH, FL.

Zip  
33408

Country U.S.A.  
PALM BEACH

4. FEI Number

01-0620474

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALEXANDROW, VLADIMIR  
278 SWAN LANE  
JUPITER, FL 33458

7. Name and Address of New Registered Agent

Name  
SAME

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

370 GOLFVIEW Rd. APT. 804

City NORTH PALM BEACH, FL Zip Code 33408

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

*Vladimir Alexandrow*

3-10-04

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME ALEXANDROW, VLADIMIR  
STREET ADDRESS 278 SWAN LANE  
CITY-ST-ZIP JUPITER, FL 33458 *Address change*

TITLE S  
NAME ALEXANDROW, BARBARA  
STREET ADDRESS 278 SWAN LANE  
CITY-ST-ZIP JUPITER, FL 33458

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME ALEXANDROW, VLADIMIR  
STREET ADDRESS 370 GOLFVIEW RD. APT. 804  
CITY-ST-ZIP NORTH PALM BEACH, FL. 33408

TITLE S ☒ Change ☐ Addition  
NAME ALEXANDROW, BARBARA  
STREET ADDRESS 370 GOLFVIEW RD. APT. 804  
CITY-ST-ZIP NORTH PALM BEACH, FL. 33408

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

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

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

TITLE ☐ Change ☐ Addition  
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 all other like empowered.

SIGNATURE: *Vladimir Alexandrow*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-04 (SL) 630-6809  
Date Daytime Phone #