

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90080 014 ***150.00

DOCUMENT # P02000047150

1. Entity Name
VIVIANA LUPKA ADVERTISING GROUP INC



Principal Place of Business
18181 NE 31ST COURT
SUITE 202
AVENTURA, FL 33160

Mailing Address
18181 NE 31ST COURT
SUITE 202
AVENTURA, FL 33160



2. Principal Place of Business
4060 NORTH HILLS DRIVE
Suite, Apt. #, etc.
4

3. Mailing Address
4060 NORTH HILLS DRIVE
Suite, Apt. #, etc.
4

City & State
Hollywood, FL
Zip
33021
Country
USA

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Hollywood, FL
Zip
33021
Country
USA

03232005 Chg-P CR2E034 (10/03)

4. FEI Number
04-3658017
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PRYNC, AMOS
18181 NE 31 ST COURT STE 202
NORTH MIAMI BEACH, FL 33160

7. Name and Address of New Registered Agent

Name AMOS PRYNC
Street Address (P.O. Box Number is Not Acceptable)
4060 NORTH HILLS DRIVE #4
City Hollywood **FL** **Zip Code** 33021

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, 2005 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	RD	<input type="checkbox"/> Delete
NAME	LUPKA, VIVIANA	
STREET ADDRESS	18181 NE 31ST COURT, SUITE 202	
CITY-ST-ZIP	AVENTURA, FL 33160	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PRYNC, AMOS	
STREET ADDRESS	18181 NE 31ST COURT, SUITE 202	
CITY-ST-ZIP	AVENTURA, FL 33160	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LUPKA, GUSTAVO M	
STREET ADDRESS	18181 NE 31ST COURT, SUITE 202	
CITY-ST-ZIP	AVENTURA, FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4060 NORTH HILLS DRIVE #4	
CITY-ST-ZIP	HOollywood, FL 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/22/05