05/17/2004 11:00 850-245-6015 DOS/SUPPORT

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May 21, 2004 8:00 am
Secretary of State
05-21-2004 90001 023 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000082883

1. Entity Name
VP MORGAN CORPORATION

DO NOT WRITE IN THIS SPACE

54054978

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2. Principal Place of Business: 7331 N.W. 34 ST
Suite, Apt. #, etc.
City & State: MIAMI, FL
Zip: 33122 Country: USA

3. Mailing Address: 7331 N.W. 34 ST.
Suite, Apt. #, etc.
City & State: MIAMI, FL
Zip: 33122 Country: USA

4. FEI Number ☐ Applied For ☐ Not Applicable

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

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7. **Name and Address of Current Registered Agent**
Name: SPIEGEL & UTRERA, P.A
Street Address (P.O. Box Number is Not Acceptable): 1840 SW 22 ST. 4Th FLOOR
City: MIAMI **FL** Zip Code: 33145

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

January 1 - May 1, Fee is $[illegible]
After May 1, Fee is $[illegible]
Amended UBR is $[illegible]
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	PRESIDENT
NAME	VALDO PENHA
STREET ADDRESS	1129 CASTILE AVE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	TREASURY
NAME	CYNTHIA F. RIBEIRO
STREET ADDRESS	1129 CASTILE AVE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: VALDO PENHA 05/19/04 305-496-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #