

FILED
Apr 21, 2008 8:00 am
Secretary of State

[illegible]

DOCUMENT # P02000090186				Secretary of State	
1. Entity Name VICOR MANAGEMENT CORP.				04-21-2008 90043 007 ***150.00	
Principal Place of Business 4800 N FEDERAL HWY SUITE 307B BOCA RATON, FL 33431		Mailing Address 4800 N FEDERAL HWY SUITE 307B BOCA RATON, FL 33431			
2. Principal Place of Business - No P.O. Box # 350 CAMINO GARDENS BLVD. Suite, Apt. #, etc. STE 301 City & State BOCA RATON, FL Zip 33432 Country US		3. Mailing Address 350 CAMINO GARDENS BLVD. Suite, Apt. #, etc. STE 301 City & State BOCA RATON, FL Zip 33432 Country US		02262008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent CAP SENSE CORP 4800 N FEDERAL HWY SUITE 307B BOCA RATON, FL 33431		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PD NAME GREENWALD, PHYLLIS STREET ADDRESS 5718 SWAYING PALM LANE CITY-ST-ZIP BOYNTON BEACH, FL 33437		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE V NAME GREENWALD, KERRY A STREET ADDRESS 4800 N FEDERAL HIGHWAY, SUITE 307B CITY-ST-ZIP BOCA RATON, FL 33431		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ UP 3/10/08					