

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000122902

FILED
Feb 10, 2004
Secretary of State

Entity Name: VIRGINIA STREET MANAGERS, INC.

Current Principal Place of Business:

170 OCEAN LANE PLAZA #903
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

1200 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131

New Mailing Address:

FEI Number: 54-2084447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: MARTINEZ, ALFONSO
Address: 170 OCEAN LANE PLAZA #903
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VSTD () Delete
Name: SANCLEMENTE, GUILLERMO
Address: 170 OCEAN LANE PLAZA #903
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VSTD () Delete
Name: BARBACHANO, PABLO
Address: 170 OCEAN LANE PLAZA #903
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VSTD () Delete
Name: HERNANDEZ, HECTOR
Address: 170 OCEAN LANE PLAZA #903
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: PEREZ, ANDRES
Address: 170 OCEAN LANE PLAZA #903
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: BUSTAMANTE, ERNESTO
Address: 170 OCEAN LANE PLAZA #903
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFONSO MARTINEZ

P

02/10/2004

Electronic Signature of Signing Officer or Director

_____ Date