2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000034656 1. Entity Name VTM MANAGEMENT, INC.						04 DEC -2 AM IO: 16 SECRETARY OF STATE
Principal Place of Business Mailing Address						TALLAHASSEE, FLORIDA
13224 GULF BLVD MADEIRA BEACH, FL 33708 13224 GULF BLVD MADEIRA BEACH, FL 33708						
2. Principal F			188 Kingtish Drive			
Suite, Apt.	#, etc.	7	Suite, Apt. #, etc.	Suite, Apt. #, etc.		11292004 Chg-P CR2E034 (10/03)
	oure I		City & State Treasure Isl	T . 1		4. FEI Number Applied For 90-0062003 Not Applicable
331c		Country	33706	Country SA		5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent Name						7. Name and Address of New Registered Agent
OTEL MINOVORT, VEADIMIN					<u> </u>	P.O.,Box Number is Ng Acceptable)
13224 GULF BLVD MADEIRA BEACH, FL 33708 Street Address						88 Kingtish Drive
3						
City Treasure Island FL Zip Code 33706						
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 V World WAS your Kirill Karinov Kegistered Agent 11/29/2004 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)						
Amended AR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.						
10.	D	OFFICERS AND		11.	- T	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	1	KOVSKY, VLADIMIR	Delete	TITLE NAME	DI	P Change Addition
STREET ADDRESS CITY-ST-ZIP	1	IGFISH DR. RSBURG, FL 33706		STREET ADDRESS CITY-ST-ZIP	127	88 Kingfish Drive .
TITLE	D	KSBOKG, FL 33700	Delete	TITLE	D	easure Island, Florida 33706
NAME	VARZAR,			NAME	Arl	Kady Vaygensburg
STREET ADDRESS CITY-ST-ZIP	92 INDIAN BROOKLY	NA PL. YN, NY 11234		STREET ADDRESS CITY-ST-ZIP		188 Kingfish Drive casure Island Florida 33706
TITLE			☐ Delete	TITLE	Ś	☐ Change ★Addition
NAME STREET ADDRESS				NAME STREET ADDRESS	Kin	rill Karimov
CITY-ST-ZIP				CITY-ST-ZIP	Tro	788 Kingfish Drive casure Island, Florida 33706
TITLE NAME			☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS				STREET ADDRESS		100043094301 12/01/0401013006 ***70.00
CITY-ST-ZIP		<u> </u>		CITY-ST-ZIP		
TITLE NAME			☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP		JC 12/3
TITLE			Delete	TITLE		☐ Change ☐ Addition
NAME OTREET ADDRESS				NAME		, – , –
STREET ADDRESS CITY-ST-ZIP				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: 11 29 2004 (727) 319-6400						