



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90014 046 ***150.00

DOCUMENT # P03000049130					
1. Entity Name THE VIBAR GROUP, INC.					
Principal Place of Business C/O SHELDON ENGELHARD 7900 GLADES ROAD SUITE 330 BOCA RATON, FL 33434			Mailing Address C/O SHELDON ENGELHARD 7900 GLADES ROAD SUITE 330 BOCA RATON, FL 33434		
94046105					
2. Principal Place of Business 7437 Mahogany Bend Place		3. Mailing Address 7437 Mahogany Bend Place			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02272004 Chg-P CR2E034 (10/03)	
City & State Boca Raton, Fl		City & State Boca Raton, Fl		4. FEI Number 02-0691771	
Zip 33434		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ENGELHARD, SHELDON ESQ 7900 GLADES ROAD SUITE 330 BOCA RATON, FL 33434				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, 2004 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 _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME Barbara Sneider STREET ADDRESS 7437 Mahogany Bend Place CITY-ST-ZIP Boca Raton, Fl 33434	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME ST Vivian Allen STREET ADDRESS 2149 Fairfax Dr CITY-ST-ZIP Boca Raton, Fl 33434	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Barbara Sneider</i> BARBARA SNEIDER			Date <i>4/5/04</i> <i>15611482-9909</i>		