## 2004 FOR PROFIT CORPORATION

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

ANNUAL REPURI							Secretary of State				
DOCUMENT # P03000049130								04-07-200	•		
1. Entity Nam THE VIBA	<sup>10</sup> AR GROUI	P, INC.									
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	e of Business		Mailing Address			94046105					
C/O SHELDON ENGELHARD 7900 GLADES ROAD SUITE 330			C/O SHELDON ENGELHARD 7900 GLADES ROAD SUITE 330				•	-			
BOCA RATON		. 000		ON, FL 3343			4 10 010 000 110		والموارد والمراجع	8 v e *	
Principal Place of Basiness     3. Mailing Address											
7437 M	lahogny	Bend Place	7437 Mahogny Bend Pla				ce    <b>        </b>				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02272004	Chg-P	CR2E034	<b>4</b> (10/03)		
City & State Boca Raton, Fl			City & State Boca Raton, F1			-	4. FEI Numbe 02-069		·	_ <del> </del>	plied For Applicable
Zip		Country	Zip	, ,	Country			of Status Desired	s	8:75 Addi	
33434	C Nome o	USA	33434		USĄ				— ғ	ee Required	i
	b. Name a	nd Address of Current	Hegistered Age	nt	Marne		7. Name and	Address of New F	Registered Ag	ent	
ENGELHARD, SHELDON ESQ						Address (I	P.O. Box Number	r is Not Acceptabl	<del>7::</del>		
	TON, FL 33										
			,		City				FL	Zip Code	
8. The above	named entity	submits this statement fo	the purpose of	changing its	zenistored office	r ranicter	ed agent or bot	h in the State of El		miliae with	and accept
the obligat	tions of register	ed agent.	and Egyposa of	Changing is	registareu omce i	n registen	ed agent, or bot	ii, iii tile State Of F	onua. Tamia	Times with, a	and accept
SIGNATURE.											
bidivitorie:	Signature, typed or	printed name of registered agent a	und title il applicable.	(NOTE	: Registered Agent signs	Kure recured	when reinstating)		DATE		
			Q FIE	ction Campa	an Financina	<b>\$</b> 5	<b>00</b> May Be				
		EE IS \$150.00 Fee will be \$550.0		st Fund Contr	• • –						
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12. Thereby 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 eath; 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: BALLOU BARBARA SNET DER 4/5/04 (561)482-5900