


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90175 018 ***150.00

| | |
|---|---|
| DOCUMENT # P03000052635 |  |
| 1. Entity Name VARGA MARKET RESEARCH SERVICES, INC. | |

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| Principal Place of Business 4403 VINELAND ROAD SUITE B-7 ORLANDO, FL 32811 | Mailing Address 4403 VINELAND ROAD SUITE B-7 ORLANDO, FL 32811 |
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20055879

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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



04282005 Chg-P CR2E034 (10/03)

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|--|--|
| 4. FEI Number 58-2669741 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | | | |
|---|--|--|-----------------------------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| MASSEY, GARY E 100 W CITRUS ST ALTAMONTE SPRINGS, FL 32714 | | Name BIGOSINSKI, TANIA VARGA | |
| | | Street Address (P.O. Box Number is Not Acceptable) 704 COACH LIGHT DRIVE | |
| | | City FERN PARK | FL Zip Code 32730 |

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 *Tania Varga Bigosinski* (TANIA VARGA BIGOSINSKI) PRESIDENT 4/25/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | PDS VARGA, TANIA C <input type="checkbox"/> Delete 704 COACH LIGHT DR FERN PARK, FL 32730 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BIGOSINSKI, TANIA VARGA |
| 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 |
| 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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| 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 |

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: *Tania Varga Bigosinski*, PRESIDENT 4/25/05 407-472-5852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #