

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000053778

Entity Name: VITMAR PROPERTIES, INC.

FILED  
Jan 13, 2005  
Secretary of State

## Current Principal Place of Business:

1035 S FEDERAL HWY #414  
DELRAY BEACH, FL 33483

## New Principal Place of Business:

1035 S FEDERAL HWY  
#414  
DELRAY BEACH, FL 33483

## Current Mailing Address:

1035 S FEDERAL HWY #414  
DELRAY BEACH, FL 33483

## New Mailing Address:

FEI Number: 65-0696432      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOGANCAMP, WALTER E  
9640 NW 7TH CIR STE 2018  
PLANTATION, FL 33324 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: D ( ) Delete  
Name: VIVIANI, MARIE  
Address: 6881 NW 16TH TERR  
City-St-Zip: FT LAUDERDALE, FL 33309

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: VIVIANI, MARIE  
Address: 1035 S. FEDERAL HWY #414  
City-St-Zip: DELRAY BEACH, FL 33483

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: MARIE VIVIANI

PRES

01/13/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date