

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 20, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90294 037 \*\*\*150.00

<b>DOCUMENT # P03000120229</b> 1. Entity Name <b>VIRTUAL PROTECTIVE SERVICES, INC.</b>					
Principal Place of Business <b>7049 W SUNRISE BLVD SUITE 3 PLANTATION FL 33313</b>			Mailing Address <b>7049 W SUNRISE BLVD SUITE 3 PLANTATION FL 33313</b>		
2. Principal Place of Business <b>1876 N. UNIVERSITY DR</b> Suite, Apt. #, etc. <b>201 H</b> City & State <b>PLANTATION FL</b> Zip <b>33322</b>		3. Mailing Address <b>7049 WEST SUNRISE</b> Suite, Apt. #, etc. <b>SUITE #3</b> City & State <b>PLANTATION FL</b> Zip <b>33313</b>			
Country <b>BROWARD</b>		Country <b>BROWARD</b>		4. FEI Number <b>20-0332009</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>STERN, PRINSTON A 7049 W SUNRISE BLVD SUITE 3 PLANTATION FL 33313</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>N/A</b>		
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 <b>N/A</b> (NOTE: Registered Agent signature required when reappointing) DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>P</b> NAME <b>STERN, PRINSTON A</b> STREET ADDRESS <b>7049 W SUNRISE BLVD SUITE 3</b> CITY-ST-ZIP <b>PLANTATION FL 33313</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>SEC</b> NAME <b>STERN, VALSIE M</b> STREET ADDRESS <b>7049 W SUNRISE BLVD SUITE 3</b> CITY-ST-ZIP <b>PLANTATION FL 33313</b>	<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	
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	
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: <b>PA. Stern President</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/26/04</b> <b>(954) 585-6000</b> <small>Date Daytime Phone #</small>		