

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90044 039 ***158.75

DOCUMENT # P03000125191 1. Entity Name VP CONSULTING SERVICES AMERICA, INC.					
Principal Place of Business C/O CIFUENTES-MARRERO, P.A. 1580 SAWGRASS CORP. PKWY., #130 SUNRISE, FL 33323			Mailing Address C/O CIFUENTES-MARRERO, P.A. 1580 SAWGRASS CORP. PKWY., #130 SUNRISE, FL 33323		
2. Principal Place of Business 2900 N UNIVERSITY DR.		3. Mailing Address 2900 N UNIVERSITY DR.		20021362 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03082005 Chg-P CR2E034 (10/03)	
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS, FL		4. FEI Number 20-0356544	
Zip 33065 Country USA		Zip 33065 Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CIFUENTES, MARIA 1580 SAWGRASS CORP. PKWY., #130 SUNRISE, FL 33323				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
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	P, S PAZ, VLADIMIR 1580 SAWGRASS CORP. PKWY., SUITE 130 SUNRISE, FL 33323	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ, AVY 1580 SAWGRASS CORP. PKWY., SUITE 130 SUNRISE, FL 33323	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					