


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90123 027 ***150.00

DOCUMENT # P03000125191 1. Entity Name VP CONSULTING SERVICES AMERICA, INC.					
Principal Place of Business 2900 N UNIVERSITIES D R POMPANO BEACH, FL 33065			Mailing Address 2900 N UNIVERSITIES D R 1580 SAWGRASS CORP. PKWY., #130 POMPANO BEACH, FL 33065		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CIFUENTES, MARIA 1580 SAWGRASS CORP. PKWY., #130 SUNRISE, FL 33323				Name BONILLA, THOMAS & ASSOCIATES, INC.	
				Street Address (P.O. Box Number is Not Acceptable)	
				4801 S UNIVERSITY DR. #263	
				City DAVIE	Zip Code FL 33328
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 <u>ELIAD BONILLA</u> <u>EB</u> 03/16/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00			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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

50007108



02202006 Chg-P CR2E034 (11/05)

4. FEI Number **20-0356544** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required