2008 FOR PROFIT CORPORATION

FILED Apr 01, 2008 8:00 am Secretary of State

ANNOAL REFORT							Secretary of State				
DOCUMENT # P04000036721 1. Entity Name V.P. GLOBAL GROUP, INC.							04-01-2008	-			
Principal Place of Business 5610 NW 61ST STREET SUITE 112 COCONUT CREEK, FL 33073			Mailing Address 5610 NW 61ST STREET SUITE 112 COCONUT CREEK, FL 33073			 	40111 61314 80111 6314 801	11 11 1	1 8910 1/901 1/91	11 11	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apr. #, etc			Suite, Apt. #, etc.			03072008	Chg-P	CR2E03	1 (12/06)		
City & State			City & State			4. FEI Number Applied For 20-0897724 Not Applicable					
Zip	Country		² ip	Country	5. Certificate of Status D		of Status Desired	\$8.75 Additional Fee Required			
	6. Name and Address of	ered Agent	7. Name and Add			Address of New R	legistered Ag	ent			
	IANUEL L TREE CIR CREEK, FL 33073			Street A	Street Address (P.O. Box Number is Not Acceptable)						
					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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) DATE											
FILE After May	gn Financing bution.		.00 May Be ed to Fees	j							
10. OFFICERS AND			TORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND D	IRECTORS	IN 11	
NAME STREET ADDRESS	D PULGAR, MANUEL 5610 NW 61ST ST SUITI COCONUT CREEK, FL		☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	287		YANUEL Tree cir EEL FL330		Change	Addition	
NAME STREET ADDRESS	D YEAGER-DARGAVAGE, 5610 NW 61ST STREET COCONUT CREEK, FL	SUITE 112	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	38. J€	a GER-De 74 Cora	rgs vage LTree ci	TINA	Change	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 trusted 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.

CITY-ST-ZIP

SIGNATURE: __

STREET ADDRESS City-St-Zip

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

3/10/08

Daytime Phone #