

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90027 010 ***150.00

DOCUMENT # P04000042222 1. Entity Name V M P FINANCIAL GROUP, INC.			
Principal Place of Business 8519 E. SOUTHGATE SHORES CIRCLE TAMARAC, FL 33321		Mailing Address 8519 E. SOUTHGATE SHORES CIRCLE TAMARAC, FL 33321	
2. Principal Place of Business - No P.O. Box # 3112 NW 24TH TERRACE		3. Mailing Address 3112 NW 24TH TERRACE	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State OAKLAND PARK, FL		City & State OAKLAND PARK, FL	
Zip 33309		Zip 33309	
Country USA		Country USA	
4. FEI Number 61-1467766		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required <input type="checkbox"/>	
6. Name and Address of Current Registered Agent PRIETO, VICTOR MANUEL 8519 E. SOUTHGATE SHORES CIRCLE TAMARAC, FL 33321		7. Name and Address of New Registered Agent Name VICTOR MANUEL PRIETO Street Address (P.O. Box Number is Not Acceptable) 3112 NW 24TH TERRACE City OAKLAND PARK FL Zip Code 33309	
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  7-1-8 <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 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME PRIETO, VICTOR MANUEL <input type="checkbox"/> Delete STREET ADDRESS 8519 E. SOUTHGATE SHORES CIRCLE CITY-ST-ZIP TAMARAC, FL 33321	TITLE Change <input type="checkbox"/> Addition NAME 3112 NW 24TH TERRACE STREET ADDRESS OAKLAND PARK, FL 33309 CITY-ST-ZIP 33309	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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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.			
SIGNATURE: 		7-1-8 Date Daytime Phone #	