P04000/7336

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Solution Solution
<u> </u>
Special Instructions to Filing Officer:

Office Use Only



300043594173

12/30/04--01011--009 **78.75

PILED

O4 DEC 30 MH: 05

SERVICE STATE

C.J.126

State of Florida Dept of Corporations P.O. Box 6327 Tallahassee, FL 32314

Sirs:

Find attached an application for Registration of Corporation of: **VAMP CORP.** Find enclosed payment of:

Filing Fees	\$ 35.00
Registered Agent Designation	\$ 35.00
Certified Copy	\$ 8.75
TOTAL	\$ 78.75

Please remit the Certified Copy to the address of record.

Thank You

