

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000064878

Entity Name: VBA GROUP, INC.

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

407 N 19 AVE  
HOLLYWOOD, FL 33020

## New Principal Place of Business:

## Current Mailing Address:

398 E DANIA BEACH BLVD  
#299  
DANIA BEACH, FL 33004

## New Mailing Address:

FEI Number: 26-0272305

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DOWNES, DOUGLAS  
398 E DANIA BEACH BLVD  
#299  
DANIA BEACH, FL 33004 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DOWNES, JUDY  
Address: 398 E DANIA BEACH BLVD, #299  
City-St-Zip: DANIA BEACH, FL 33004 US

Title: D ( ) Delete  
Name: DOWNES, DOUGLAS  
Address: 398 E DANIA BEACH BLVD, #299  
City-St-Zip: DANIA BEACH, FL 33004 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS DOWNES

D

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date