2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 NOV -2 AM 9:16

DOCUMENT # P93000082323

1. Entity Name
VAN VORGUE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2335 N. MERIDIAN AVE MIAMI BEACH, FL 33140 US	2335 N. MERIDIAN AVE MIAMI BEACH, FL 33140 US

10282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2701 LeJeune Road	2701 LeJeune Road
Suite, Apt. #, etc: Suite 310	Suite, Apt. #, etc.: Suite 310
City & State: Coral Gables, FL 33134	City & State: Coral Gables, FL 33134
Zip: 33134 Country: USA	Zip: 33134 Country: USA

4. FEI Number: 65-0453136 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RANKIN, MARA M 2335 MERIDIAN AVE. MIAMI BEACH, FL 33140	Name: Mara M. Rankin Street Address (P.O. Box Number is Not Acceptable): 2701 LeJeune Road Suite 310 City: Coral Gables, FL FL Zip Code: 33134

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] Mara M. Rankin 10/28/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $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 RANKIN, MARA M 2335 MERIDIAN AVE. MIAMI BEACH, FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VAN VORGUE, VANESSA 2335 MERIDIAN AVE. MIAMI BEACH, FL 33140	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] Mara M. Rankin 10/28/04 305.778.1177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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