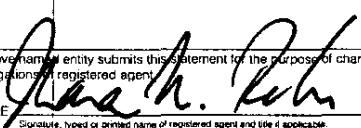
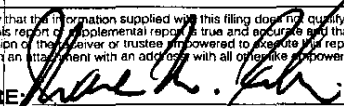


**2004 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # P93000082323			
1. Entity Name VAN VORGUE ENTERPRISES, INC.			
Principal Place of Business 2335 N. MERIDIAN AVE MIAMI BEACH, FL 33140 US		Mailing Address 2335 N. MERIDIAN AVE MIAMI BEACH, FL 33140 US	
2. Principal Place of Business 2701 LeJeune Road Suite, Apt. #, etc. Suite 310 City & State Coral Gables, FL 33134 Zip 33134 Country USA		3. Mailing Address 2701 LeJeune Road Suite, Apt. #, etc. Suite 310 City & State Coral Gables, FL 33134 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 RANKIN, MARA M 2335 MERIDIAN AVE. MIAMI BEACH, FL 33140		7. Name and Address of New Registered Agent 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: Mara M. Rankin DATE: 10/28/04 (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing))			
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 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 manager 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 offices empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Mara M. Rankin 10/28/04 305.778.1177 Date Daytime Phone #	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV -2 AM 9:16



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11/9/04