

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000071317

FILED
Jun 07, 2004
Secretary of State

Entity Name: V.P. GROUP, INC.

Current Principal Place of Business:

154 SALISBURY RD
BROOKLINE, MA 02445 US

New Principal Place of Business:

Current Mailing Address:

154 SALISBURY RD
BROOKLINE, MA 02445 US

New Mailing Address:

FEI Number: 65-0610956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KHUTORSKY, GARY
4150 POINCIANA AVE
COCONUT GROVE, FL 33133 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KHUTORSKY, GARY
Address: 4150 POINCIANA AVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: SD () Delete
Name: ISTCHENKO, EVGENI
Address: 154 SALISBURY RD
City-St-Zip: BROOKLINE, MA 02445

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 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 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: EVGENI ISTCHENKO

SD

06/07/2004

Electronic Signature of Signing Officer or Director

Date