

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000087083 1. Entity Name VP VENTURES, INC.	
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Principal Place of Business 1801 SOUTH FEDERAL HIGHWAY, #300 DELRAY BEACH, FL 33483	Mailing Address 1801 SOUTH FEDERAL HIGHWAY, #300 DELRAY BEACH, FL 33483
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DO NOT WRITE IN THIS SPACE



04082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0640327	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

5. Name and Address of Current Registered Agent

CHERRY, MARTIN
1801 SOUTH FEDERAL HIGHWAY, #300
DELRAY BEACH, FL 33483

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U000000144580
04/30/04-80138-003 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD CHERRY, MARTIN 1801 SOUTH FEDERAL HIGHWAY, #300 DELRAY BEACH, FL 33483
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD POTENZA, JACK 25 HARVARD LAKE WORTH, FL 33460
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres *04/27/04* *561-272 5667*
Date Daytime Phone #