


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000104448**  
 1. Entity Name  
**VAGA MANAGEMENT INC.**



Principal Place of Business      Mailing Address  
**626 S.W. MCHOLE AVE**      **626 S.W. MCHOLE AVE**  
**PORT SAINT LUCIE FL 34953**      **PORT SAINT LUCIE FL 34953**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E034 (10/05)  
 4. FEI Number      Applied For  
**65-0668314**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**LUCZKOWIEC, ARTHUR**  
**626 SW MCHOLE AVE.**  
**PORT SAINT LUCIE FL 34953**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS |                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|------------------------------------|---|---|
| TITLE                      | P <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LUCZKOWIEC, ARTHUR                 | NAME  |   |
| STREET ADDRESS             | 1825 FLOWER DR                     | STREET ADDRESS  |   |
| CITY-ST-ZIP                | PALM BEACH GARDENS FL 33-410K      | CITY-ST-ZIP   |   |
| TITLE                      | S <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PYRKOWSKA, ELZBIETA                | NAME  |   |
| STREET ADDRESS             | 626 S.W. MCHOLE AVE                | STREET ADDRESS  |   |
| CITY-ST-ZIP                | PORT SAINT LUCIE FL 34953          | CITY-ST-ZIP   |   |
| TITLE                      | T <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GADOMSKI, EDYTA                    | NAME  |   |
| STREET ADDRESS             | 18877 LOXAHATCHEE RIVER RD         | STREET ADDRESS  |   |
| CITY-ST-ZIP                | JUPITER FL 33458                   | CITY-ST-ZIP   |   |
| TITLE                      | VP <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LUCZKOWIEC, EWA                    | NAME  |   |
| STREET ADDRESS             | 1825 FLOWER DR                     | STREET ADDRESS  |   |
| CITY-ST-ZIP                | PALM BEACH GARDENS FL 33410        | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | NAME  |   |
| STREET ADDRESS             |                                    | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                    | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | NAME  |   |
| STREET ADDRESS             |                                    | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                    | CITY-ST-ZIP   |   |

100000555220  
 05/16/06 80826 805 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: \_\_\_\_\_ **ARTHUR LUCZKOWIEC**      04/17/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #