2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000030776

1. Entity Name
VITMAN GROUP, INC.

Principal Place of Business	Mailing Address
468 DE LEON DRIVE MIAMI SPRINGS, FL 33166	~~468 DE LEON DRIVE~~ ~~MIAMI SPRINGS, FL 33166~~ 5555 COLLINS AVE #15D MIAMI BEACH, FL 33140

DO NOT WRITE IN THIS SPACE

02162007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0749617	Not Applicable

5. Certificate of Status Desired   ✓   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~MARQUEZ, JOSE M~~
~~782 NW LEJEUNE RD~~
~~SUITE 548~~
~~MIAMI, FL~~

SOPHIE BERMAN
5555 COLLINS AVENUE
APT 15D
MIAMI BEACH, FL 33140

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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. _Sophie Berman_ SOPHIE BERMAN

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

DATE 3/7/2007

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VITERI, ISABEL
STREET ADDRESS	468 DEON DRIVE
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166

TITLE	D
NAME	BERMAN, SOPHIE V
STREET ADDRESS	5555 COLLINS AVE APT 15-D
CITY-ST-ZIP	MIAMI BEACH, FL 33140

TITLE	D
NAME	BERMAN, JAY
STREET ADDRESS	4895 LAKE CECILE DRIVE
CITY-ST-ZIP	KISSIMMEE, FL 34746

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _Sophie Berman_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/3/2007   Daytime Phone # 305-987-6664