
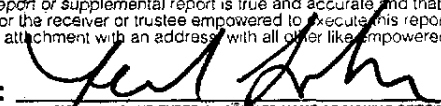


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000003159</b> 1. Entity Name VFINANCE INVESTMENTS, INC.		
Principal Place of Business 3010 N. MILITARY TRAIL STE #300 BOCA RATON, FL 33431 US		Mailing Address 3010 N. MILITARY TRAIL STE #300 BOCA RATON, FL 33431 US
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  VFIN EXECUTIVE SERVICES, INC. 3010 N. MILITARY TRAIL STE #300 BOCA RATON, FL 33431		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE	P	
NAME	MATTHEWS, JOHN	
STREET ADDRESS	880 3RD AVENUE, 4TH FLOOR	
CITY - ST - ZIP	NEW YORK, NY 10022	
TITLE	SCOO	
NAME	CAMPANELLA, RICHARD	
STREET ADDRESS	3010 N. MILITARY TRAIL #300	
CITY - ST - ZIP	BOCA RATON, FL 33431	
TITLE	DCOB	
NAME	SOKOLOV, LEONARD J.	
STREET ADDRESS	2458 PROVINCE COURT	
CITY - ST - ZIP	WESTON, FL 33327	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 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:  Leonard Sokolow		Date: 9/1/04 Daytime Phone #: 561-981-1005