2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000068853

VL HOLDINGS, INC.



FILED Apr 26, 2004 08:00 AM Secretary of State

Principal Place of Business

2419 E COMMERCIAL BLVD

STE 100

FORT LAUDERDALE, FL 33308

Mailing Address

2419 E COMMERCIAL BLVD

STE 100

FORT LAUDERDALE, FL 33308



DO NOT WRITE IN THIS SPACE

No Chg-P 02202004 CR2E034 (10/03) Applied For 4. FEI Number 65-0855726 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLODIG, GREGORY J ESQ. 100 W CYPRESS CREEK RD, STE 700 FORT LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accelerate the obligations of registered agent. SIGNATURE Signature, typed or prefet name of registered agent and till if applicable (NOTE Registered Agent signature required when renstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 1ITLE D NAME LAMBERT, DANIEL SIREET ADDRESS 2419 E COMMERCIAL BLVD STE 100 FORT LAUDERDALE, FL 33308 TITLE D NAME VERRILLO, JAMES SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33308 TITLE O NAME HEYDEN, CHRISTINA SIREET ADDRESS SIREET ADDRES			urpose of changing its reg	isterec	d office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
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TITLE D NAME LAMBERT, DANIEL STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33308 TITLE D NAME VERRILLO, JAMES SIRIET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33308 TITLE D NAME VERRILLO, JAMES STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33308 TITLE O NAME HEYDEN, CHRISTINA STREET ADDRESS 2419 E COMMERCIAL BLVD #100							
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NAME HEYDEN, CHRISTINA STREET ADDRESS 2419 E COMMERCIAL BLVD #100	NAME STREET ADDRESS	VERRILLO, JAMES 2419 E COMMERCIAL BLVD STE 100					
	NAME STREET ADDRESS	HEYDEN, CHRISTINA 2419 E COMMERCIAL BLVD #100				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 1 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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR