

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000097454

FILED  
Apr 14, 2004  
Secretary of State

Entity Name: VIBA PROFESSIONAL SERVICES INC

**Current Principal Place of Business:**

17850 NW 67 AVE  
#A  
MIAMI, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

17850 NW 67 AVE  
#A  
MIAMI, FL 33015

**New Mailing Address:**

FEI Number: 65-1023383      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VITERI, ANDRES  
17850 NW 67 AVENUE #A  
MIAMI, FL 33015

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: VITERI, ANDRES  
Address: 17850 NW 67 AVENUE #A  
City-St-Zip: MIAMI, FL 33015

Title: D ( ) Delete  
Name: BALCAZAR, MARIA I  
Address: 17850 NW 67 AVENUE #A  
City-St-Zip: MIAMI, FL 33015

Title: D ( ) Delete  
Name: BALCAZAR, LUIS  
Address: 17850 NW 67 AVENUE #A  
City-St-Zip: MIAMI, FL 33015

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDRES VITERI

PD

04/14/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date