

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000097454

FILED  
Apr 17, 2005  
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:

6955 NW 186TH ST.  
#F 507  
MIAMI, FL 33015 US

## Current Mailing Address:

17850 NW 67 AVE  
#A  
MIAMI, FL 33015

## New Mailing Address:

6955 NW 186TH ST.  
#F 507  
MIAMI, FL 33015 US

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 US

## Name and Address of New Registered Agent:

VITERI, ANDRES  
6955 NW 186TH ST.  
MIAMI, FL 33015 US

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: \_\_\_\_\_

04/17/2005

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: PD (X) Change ( ) Addition  
Name: VITERI, ANDRES  
Address: 6955 NW 186TH ST.  
City-St-Zip: MIAMI, FL 33015 US

Title: D (X) Change ( ) Addition  
Name: BALCAZAR, MARIA I  
Address: 6955 NW 186TH ST.  
City-St-Zip: MIAMI, FL 33015 US

Title: D (X) Change ( ) Addition  
Name: BALCAZAR, LUIS F  
Address: 6955 NW 186TH ST.  
City-St-Zip: MIAMI, FL 33015 US

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

MR.

04/17/2005

Electronic Signature of Signing Officer or Director

Date