2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jul 15, 2004 8:00 am Secretary of State 7/4 DOCUMENT # S13490 1. Entity Name 07-06-2004 90005 008 ***150.00 V.P. RECORDS OF FLORIDA, INC. Principal Place of Business Mailing Address 6022 SW 21ST ST 6022 SW 21ST ST MIRAMAR, FL 33023 MIRAMAR, FL 33023 66429975 2. Principal Place of Business 3. Mailing Address Suite Act. # etc. Suite, Apt. #, etc. CR2E034 (10/03) 07012004 Chg-P City & State City & State 4. FFI Number Applied For 65-0254628 Not Applicable Žin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHUNG, ANGELA 4394 SW-131-AVE Street Address (P.O. Box Number is Not Acceptable) **DAVIE, FL 33330** Zip Code B. 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. Signature, typed or printed name of registered against and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE 18 \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Due by September 8, 2004 Added to Fees -- OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 -- --10. Delete MILE ☐ Change ☐ Addition CHIN, VINCENT R NAME NAME STREET ADDRESS 89-05 138TH STREET STREET ADDRESS CITY-ST-7IP JAMAICA, NY 11435 -CITY-ST-ZIP DT TITLE Delete TITLE ☐ Change ☐ Addition CHIN, CHRISTOPHER NAME NAME STREET ADDRESS 89-05 138TH STREET STREET ADDRESS CITY-ST-ZIP JAMAICA, NY 11435 CITY-51-719 TITLE Delste TITLE TIL Briange Addition CHUNG, ANGELA CHIN, ANGELA NAME NAME STREET ADDRESS 4394 SW 131 AVE STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33330** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Deleta TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ... ME 145. Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P... 12. I hereby certify that the information supplied with this filling does not qualify 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 signature shall have the same legal effect as if made under eath; 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.

FILED