


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

DOCUMENT # P98000003159 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
--	--



07022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0834063	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

VFIN EXECUTIVE SERVICES, INC.  
 3010 N. MILITARY TRAIL STE #300  
 BOCA RATON, FL 33431

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MATTHEWS, JOHN 880 3RD AVENUE, 4TH FLOOR NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SCOO CAMPANELLA, RICHARD 3010 N. MILITARY TRAIL #300 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCOB SOKOLOV, LEONARD J. 2458 PROVINCE COURT WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000172456  
 09/22/04-80002-001 550.00

**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)(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 9/1/04 561-981-1005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #