


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90076 032 ***150.00

DOCUMENT # 695148

1. Entity Name
VERAMAR INC.



Principal Place of Business 7500 NW 8TH ST MIAMI, FL 33126	Mailing Address 7500 NW 8TH ST MIAMI, FL 33126
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J4007300

DO NOT WRITE IN THIS SPACE



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2435816	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VERA, JOSE D.
2100 SW 135TH AVE
MIAMI, FL 33175

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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 \$150.00
After May 1, 2004 Fee will be \$550.00

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	DP VERA, MARTHA 2100 SW 135TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TCEO VERA, JOSE D 2100 S.W. 135 AVENUE MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VERA, SEAN M 2100 S.W. 135 AVENUE MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LLANO, MARTHA 811 HARDEE RD CORAL GABLES, FL 33145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LLANO, MANUEL 811 HARDEE RD. CORAL GABLES, FL 33145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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. 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: Jose D. VERA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 1/28/04 ✓ (305) 264-6736
Date Daytime Phone #