


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90016 031 ***150.00

DOCUMENT # P02000104506

1. Entity Name
VERKLIG INTERNATIONAL, INC



Principal Place of Business Mailing Address

141 N.E. 3RD AVE. 141 N.E. 3RD AVE.
 SUITE 406 SUITE 406
 MIAMI, FL 33132 MIAMI, FL 33132

40023044



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02062007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

52-2380250 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

R & P ACCOUNTING & TAXES, INC.
141 N.E. 3RD AVE.
SUITE 406
MIAMI, FL 33132

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

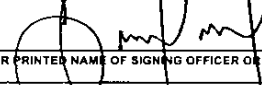
10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ANDRES	
STREET ADDRESS	141 NE 3RD AVE #406	
CITY-ST-ZIP	MIAMI, FL 33132	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROMOS, JOSE R	
STREET ADDRESS	141 NE 3RD AVE #406	
CITY-ST-ZIP	MIAMI, FL 33132	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **02.06.07** Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR