

04/30/2004 04:40 305

GENERAL *TAMI*

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jun 28, 2004 8:00 am
Secretary of State

05-03-2004 90743 002 ***150.00

DOCUMENT # P030000353241. Entry Name
VERAMENDI'S EQUIPMENT SERVICE, INCPrincipal Place of Business
**16186 SW 86 TERRACE
MIAMI, FL 33193**Mailing Address
**16186 SW 86 TERRACE
MIAMI, FL 33193****66429084**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

90-0070034

Applied For

Not Applicable

Zip

Country

Zip

Country

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

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VERAMENDI, SANY
16186 SW 86 TERRACE
MIAMI, FL 33193**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when registering)

DATE

**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 **P** ☐ Delete
NAME **RIVERA, SANY**
STREET ADDRESS **16186 SW 86 TERRACE**
CITY- ST- ZIP **MIAMI, FL 33193**TITLE **VP** ☐ Delete
NAME **RAMOS, LITA**
STREET ADDRESS **8025 SW 153 CT**
CITY- ST- ZIP **MIAMI, FL 33183**TITLE **VP** ☐ Delete
NAME **VERAMENDI, JESU**
STREET ADDRESS **8025 SW 153 CT**
CITY- ST- ZIP **MIAMI, FL 33193**TITLE **STD** ☐ Delete
NAME **VERAMENDI, HENRY**
STREET ADDRESS **8025 SW 153 CT**
CITY- ST- ZIP **MIAMI, FL 33193**TITLE **V** ☐ Delete
NAME **VERAMENDI, SANY**
STREET ADDRESS **16186 SW 86 TERRACE**
CITY- ST- ZIP **MIAMI, FL 33193**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY- ST- ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE ☐ Change ☐ Addition
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CITY- ST- ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

Sany Rivera

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-04

DATE

Daytime Phone #