72005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 30, 2005 08:00 AM Secretary of State DOCUMENT # P97000044350 1. Entity Name VIERA SERVICES CORP. Principal Place of Business Mailing Address 3709 MOCKINGBIRD HILL DRIVE 3709 MOCKINGBIRD HILL DRIVE JENSEN BEACH FL 34957 JENSEN BEACH FL 34957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number City & State City & State Applied For 65-0754776 Not Applicable Zip Country Country Zip \$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 Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SOUTHWEST 22ND STREET 4TH FLOOR MIAMI FL 33145 City 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 famillar 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. TITLE ☐ Delete DUE Change Addition VEATOR, DAVID U00000350193 NAME NAME STREET ADDRESS 3709 MOCKINGBIRD HILL DRIVE STREET ADDRESS 05/02/05-80095-010 158.75 CITY-ST-ZIP JENSEN BEACH FL 34957 CITY-ST-7IP S/T ☐ Delete ITHE ☐ Change ☐ Addition TITLE VEATOR, CYNTHIA R NAME STREET ADDRESS 3709 MOCKINGBIRD HILL DRIVE STREET ADDRESS JENSEN BEACH FL 34957 CITY-ST-7IP CITY-ST-7IP ☐ Change Addition TITLE THLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Delete TtTre ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS OUY ST-7IP CITY-ST-ZIP THUE Delete 11111 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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 appowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 11 if

owered to execute this report as with all other like emparison

changed, or on an attachment with

SIGNATURE