## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## **FILED** Apr 12, 2007 08:00 AM Secretary of State DOCUMENT # P97000044350\_\_\_\_ 1. Entity Name VIERA SERVICES CORP. Principal Place of Business Mailing Address 3709 MOCKINGBIRD HILL DRIVE JENSEN BEACH FL 34957 3709 MOCKINGBIRD HILL DRIVE JENSEN BEACH FL 34957 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State Cilv & Stato Applied For 4. FEI Number 65-0754776 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Cortificate of Status Dosired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22ND STREET Stroot Address (P.O. Box Number is Not Accoptable) 4TH FLOOR MIAMI FL 33145 City 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DIRE ☐ Delete ШЦ Addition Change VEATOR, DAVID NAME. NAMi 000000703742 3709 MOCKINGBIRD HILL DRIVE STREET ADDRESS STREET ADDRESS 04/20/07-80150-020 158.75 JENSEN BEACH FL 34957 CITY-ST-ZIP CITY-ST-7IP S/T HILE: Delete 10111 Change ■ Addition VEATOR, CYNTHIA R NAME 3709 MOCKINGBIRD HILL DRIVE STREET ADORESS STREET ADDRESS JENSEN BEACH FL 34957 CITY-SI-ZIP CHY-SI-ZIP iiiiii L Dolele TITLL Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7IP HITE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete HITE ☐ Change Addition NAME. NAME: STRUET ADDRESS STREET ADDRESS CITY-ST-70P CITY-SI-ZIP HHI Delete TITLE Change ■ Addition NAMI STREET ADDRESS STREET ADDRESS CHY-S1-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an efficier or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

SIGNATURE:

of the corporation or the receiver or trustee empowere if changed, or on an attachment with an address with

ike empowered.