

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90192 012 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000022237			
1. Entity Name VIERA ENTERPRISES 2 INC			
Principal Place of Business 15901 SW 42 TERRACE MIAMI, FL 33185 US		Mailing Address 15901 SW 42 TERRACE MIAMI, FL 33185 US	
2. Principal Place of Business 15901 SW 42 Terrace		3. Mailing Address 15901 SW 42 Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, Florida		City & State MIAMI, Florida	
Zip 33185		Country USA	
4. FEI Number 200682725		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		03082005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent VIERA, RICARDO 11320 SW 47 TERR MIAMI, FL 33165			
7. Name and Address of New Registered Agent Name 15901 SW 42 Terrace Street Address (P.O. Box Number is Not Acceptable) City MIAMI FL Zip Code 33185			
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: <i>[Signature]</i> (NOTE: Registered Agent signature required when re-registering) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VIERA, RICARDO 11320 SW 47 TERR MIAMI, FL 33165 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: <i>[Signature]</i>		Date _____ Dues/Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			