


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000079947 1. Entity Name VEROJIM, INC	
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Principal Place of Business 1750 N.E. 191 ST. #D-507 MORTH MIAMI BEACH, FL 33179	Mailing Address 1750 N.E. 191 ST. #D-507 MORTH MIAMI BEACH, FL 33179
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DO NOT WRITE IN THIS SPACE



02022007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1130009	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JIMENEZ, VERONICA M
1750 N.E. 191 ST.
#D-507
MORTH MIAMI BEACH, FL 33179

**DO NOT WRITE
IN THIS SPACE**

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]*

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
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	PD
NAME	JIMENEZ, VERONICA M
STREET ADDRESS	1750 N.E. 191 ST. #D-507
CITY-ST-ZIP	MORTH MIAMI BEACH, FL 33179

TITLE	VP
NAME	MARTOS, LUCAS O
STREET ADDRESS	1750 NE 191 STREET #D-507
CITY-ST-ZIP	MIAMI, FL 33179

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/09/07-80056-010 150.00

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IN THIS SPACE**

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #