


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 534958
 1. Entity Name
MANUEL G. VERA & ASSOCIATES, INC.



Principal Place of Business
13960 SW 47TH STREET
MIAMI, FL 33175 US

Mailing Address
% IVAN A. GOMEZ, ESQ.
601 BRICKELL KEY DR., SUITE 507
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1741639 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

IAG CORPORATE SERVICES, INC
601 BRICKELL KEY DRIVE
SUITE 507
MIAMI, FL 33131

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VERA, MANUEL G 3110 SW 102ND AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOCAL, ABELARDO 3971 SW 8 ST / STE - 309 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VERA, EVA V 3110 S W 102 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT VERA, MARIA T 13224 S.W. 40TH TERR. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIAZ, CARLOS 517 ALCAZAR AVE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/04/05-80083-006 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: MAUNEL G. VERA, PRESIDENT  **(305) 371-9213**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #