## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 30, 2004 08:00 AM **DOCUMENT # 543792 Secretary of State** 1. Entity Name VERNA REALTY INC. Principal Place of Business Mailing Address 855 S. FEDERAL HIGHWAY 855 S. FEDERAL HIGHWAY STE 113A STE 113A BOCA RATON, FL 33432 BOCA RATON, FL 33432 CR2E034 (10/03) 04282004 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1766156 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VERNA, VERA DO NOT WRITE 855 S. FEDERAL HIGHWAY SUITE 113A IN THIS SPACE BOCA RATON, FL 33432 5. 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of regist **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS RITLE PD VERNA, VERA STREET ADDRESS 432 HIGH STREET CITY-ST-ZIP BOCA RATON, FL 33432 U00000142694 N4/30/04-80061-018 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP Hitz HAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNENG OFFICER OR DIRECTO

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