

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 842379	
1. Entity Name VAREKA INVESTMENTS COMPANY, N.V.	

Principal Place of Business 8033 NW 36TH STREET SUITE #440 MIAMI, FL 33166	Mailing Address 8033 NW 36TH STREET SUITE #440 MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE



02202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1921280	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MENENDEZ, GEORGINA
8033 NW 36TH STREET., #440
MIAMI, FL 33166**

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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 _____ Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000444395 03/05/06-80046-023 150.00
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10. OFFICERS AND DIRECTORS

TITLE D	RIBADENEIRA, DIEGO
NAME	
STREET ADDRESS	8033 NW 36TH STREET., #440
CITY-ST-ZIP	MIAMI, FL 33166
TITLE S	MENENDEZ, GEORGINA
NAME	
STREET ADDRESS	8033 NW 36TH STREET., #440
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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]* **2/20/06** **(305) 591 9044**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #