


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # 854878 1. Entity Name VIFERE CORP. N.V.	
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Principal Place of Business 3805 NW 107 AVE SUITE 123 MIAMI, FL 33178 US	Mailing Address P.O. BOX 560683 MIAMI, FL 33256
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04112007 No Chg-P CR2E034 (11/05)

4. FEI Number 98-0056155	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent QUESADA, G. FRANK ESQ. 1313 PONCE LE LEON BLVD SUITE 200 CORAL GABLES, FL 33134

**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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD IRASTORZA, BENITO P.O. BOX 560683 MIAMI, FL 33256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD IRASTORZA, R. P.O. BOX 560683 MIAMI, FL 33256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEW HEMISPHERE TRUST CO. SNIGWEG 41, CURACAO NETHERLANDS ANTILL.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000741703
05/15/07-80040-009 150.00

**DO NOT WRITE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/27/07 Daytime Phone # _____