
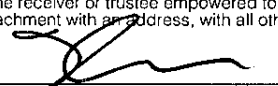


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90039 002 ***150.00

| | | | | | |
|---|--|--|---|--|--|
| DOCUMENT # F03000001174 1. Entity Name VERID, INC. | | | |  | |
| Principal Place of Business 1550 SAWGRASS CORPORATE PARKWAY STE. 220 FT. LAUDERDALE, FL 33323 | | | Mailing Address 1550 SAWGRASS CORPORATE PARKWAY STE. 220 FT. LAUDERDALE, FL 33323 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 87-0687836 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | | 7. Name and Address of New Registered Agent --Name-- Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DCEO KANE, STEPHEN D 1550 SAWGRASS CORPORATE PARKWAY STE. 220 FT. LAUDERDALE, FL 33323 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DCEO KEVIN WATSON 1550 SAWGRASS CPT. PKWY. #220 SUNRISE, FL 33323 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS MORIN, ANDREW 1550 SAWGRASS CORPORATE PARKWAY STE. 220 FT. LAUDERDALE, FL 33323 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DCEO CHRISTOPHER RICK BORN 1550 SAWGRASS CPT. PKWY. #220 SUNRISE, FL 33323 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MCDONNELL, JOSEPH A 1550 SAWGRASS CORPORATE PARKWAY STE. 220 FT. LAUDERDALE, FL 33323 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DCTO MARC SLACK 1550 SAWGRASS CPT PKWY #220 SUNRISE, FL 33323 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GINA RUSS 1550 SAWGRASS CPT PKWY #220 SUNRISE, FL 33323 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JOHN KANE 1550 SAWGRASS CPT PKWY #220 SUNRISE, FL 33323 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ANDREW BYRD 1550 SAWGRASS CPT PKWY #220 SUNRISE, FL 33323 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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:  | | | KEVIN WATSON, CEO | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date 3/4/04 Daytime Phone # 954.315.6602 | | |