


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-20-2006 90043 047 ***150.00
02-22-2006 90003 011 ****50.00

DOCUMENT # F97000004222			
1. Entity Name I.S. VIERA CORPORATION			
Principal Place of Business ONE SOUTH OCEAN BLVD #305 BOCA RATON FL 33432 US		Mailing Address ONE SOUTH OCEAN BLVD #305 BOCA RATON FL 33432 US	
2. Principal Place of Business 980 N. Federal Hwy Suite. Apt. #, etc. #307		3. Mailing Address 980 N. Federal Hwy Suite. Apt. #, etc. #307	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33432	Country USA	Zip 33432	Country USA



1st MOORE CR2E034 (10/05)

4. FEI Number 38-3364556		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SMOKLER, IRVING A 1 S. OCEAN BLVD. STE. 305 BOCA RATON FL 33432		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

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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	DPT SMOKLER, IRVING 1 SOUTH OCEAN BLVD STE. 305 BOCA RATON FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 980 N. Federal Hwy #307 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SMOKLER, CAROL 1 SOUTH OCEAN BLVD., STE. 305 ANN ARBOR MI 48104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 980 N. Federal Hwy, #307 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WINOKUR, LAURENCE E 1 SOUTH OCEAN BLVD, STE 305 BOCA RATON FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 980 N. Federal Hwy #307 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Daytime Phone #