


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F99000002822</b> 1. Entity Name VERO ASSOCIATES, INC.	
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Principal Place of Business  
3260 S SHORE DRIVE  
SUITE 63C  
PUNTA GORDA, FL 33955

Mailing Address  
3260 S SHORE DRIVE  
SUITE 63C  
PUNTA GORDA, FL 33955



01192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-3297325	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

GOLOMB, LOUISE  
3260 S SHORE DRIVE  
SUITE 63C  
PUNTA GORDA, FL 33955

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000031427  
02/04/04-80149-002 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GOLOMB, LOUISE 3260 S SHORE DRIVE PUNTA GORDA, FL 33955
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GOLOMB, GERALD 3260 S SHORE DRIVE PUNTA GORDA, FL 33955
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ROTH, STEPHEN 33 TIER STREET BRONX, NY 10464
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louise Golomb

Date

Daytime Phone #

1/29/04

941-505-9593