2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 05, 2007 08:00 Al Secretary of State DOCUMENT # G36837 1. Entity Name VIOLET SPECIALTIES, INC. Principal Place of Business Mailing Address 3775 FOWLER STREET 3775 FOWLER STREET SUITE B SUITE B FORT MYERS, FL 33901 FORT MYERS, FL 33901 No Chg-P CR2E034 (11/05) 04022007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-2471189 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROJAS, VAYOLA S. DO NOT WRITE 1453 SCENIC STREET LEHIGH ACRES, FL 33936 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 signisture required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE ROJAS, VAYOLA S U00000690257 04/11/07-80068-020 150.00 STREET ADDRESS 1453 SCENIC STREET C/TY-ST-7/P LEHIGH ACRES, FL 33936 TITLE NAME ROJAS, MANUEL H STREET ADDRESS 1453 SCENIC STREET LEHIGH ACRES, FL 33936 CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filling 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

SIGNATURE:

NAME STREET ADDRESS CXTY-ST-7/P

FILED