

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # G36837

1. Entity Name
VIOLET SPECIALTIES, INC.



Principal Place of Business
3775 FOWLER STREET
SUITE B
FORT MYERS, FL 33901

Mailing Address
3775 FOWLER STREET
SUITE B
FORT MYERS, FL 33901



04022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2471189

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROJAS, VAYOLA S.
1453 SCENIC STREET
LEHIGH ACRES, FL 33936

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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 P
NAME ROJAS, VAYOLA S.
STREET ADDRESS 1453 SCENIC STREET
CITY-ST-ZIP LEHIGH ACRES, FL 33936

TITLE S
NAME ROJAS, MANUEL H
STREET ADDRESS 1453 SCENIC STREET
CITY-ST-ZIP LEHIGH ACRES, FL 33936

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U000000690257
04/11/07-80068-020 150.00

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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: _____

Manuel H. Rojas MANUEL H. ROJAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/07 (239)369-7989
Date Daytime Phone #