


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # G56096 1. Entity Name VIAREGIO CORP.	
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Principal Place of Business 2140 W. FLAGLER ST #109 MIAMI, FL 33135-1662 US	Mailing Address ENRIQUE LORENZO, CPA 13032 SW 5TH ST. MIAMI, FL 33184-1216 US
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**DO NOT WRITE IN THIS SPACE**



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2626756	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  NIETO S., BENIGNO 11867 SW 93RD TERR MIAMI, FL 33186	<b>DO NOT WRITE IN THIS SPACE</b>
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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.

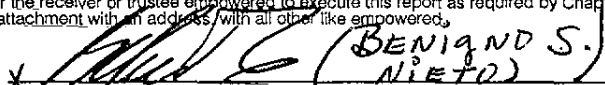
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000240291 02/23/05-80024-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TPD NIETO, BENIGNO S. 11867 SW 93RD TERR MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GONZALEZ, EDITH T 2140 W. FLAGLER ST. #109 MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GONAZALEZ, RALPH 2140 W. FLAGLER ST. #109 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V NIETO, CARIDAD N 11867 SW 93RD TERR MIAMI, FL 33186
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)(f), 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: \*  (BENIGNO S. NIETO)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/31/05 Daytime Phone #: (305) 541-2715