


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2008 8:00 am**  
**Secretary of State**

06-17-2008 90002 011 \*\*\*550.00

<b>DOCUMENT # H56542</b> 1. Entity Name <b>VIRO, INC.</b>	
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Principal Place of Business <b>6517 N ORANGE BLOSSOM TRAIL ORLANDO, FL 32810 US</b>	Mailing Address <b>218 N. FLORIDA ST., SUITE 2 BUSHNELL, FL 33513 US</b>
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**66015189**



06022008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2646636</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>MINER, CHARLES D 5120 CURRY FORD ROAD ORLANDO, FL 32812</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SANCHEZ, V. LOUIS 6517 N ORANGE BLOSSOM TRAIL ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SANCHEZ, ROBERT A 6517 N ORANGE BLOSSOM TRAIL ORLANDO, FL 32810
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**DO NOT WRITE  
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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-5-08**

**6-13-08 352-568-7700**

Date Daytime Phone #