2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2008
Secretary of State

DOCUMENT# L06000104989

Entity Name: VERK ENTERPRISES, LLC

Current Principal Place of Business:

1044 N.E. 204 TERRACE
MIAMI, FL 33179 US

New Principal Place of Business:

Current Mailing Address:

1044 N.E. 204 TERRACE
MIAMI, FL 33179 US

New Mailing Address:

FEI Number: 26-0473494 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KREVAT, DAVID
1044 N.E. 204 TERRACE
MIAMI, FL 33179 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: KREVAT, DAVID
Address: 1044 N.E. 204 TERRACE
City-St-Zip: MIAMI, FL 33179 US

Title: MGR ( ) Delete
Name: KREVAT, GARY
Address: 1044 N.E. 204 TERRACE
City-St-Zip: MIAMI, FL 33179 US

Title: MGR ( ) Delete
Name: KREVAT, JACQUENLINE
Address: 125 CHELSEA LANE
City-St-Zip: PLANTATION, FL 33324 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVID KREVAT MGR 07/10/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date