

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 SEP 26 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M14002

1. Entity Name
VERO FINANCIAL SERVICES, INC.



Principal Place of Business
14504 SW 139 AVE
MIAMI, FL 33186 US

Mailing Address
1412 NW 31 AVE
MIAMI, FL 33125 US



09242007 REIN-P CR2E098 (1/07)

4. FEI Number
65-0153272

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COSTA, MANNY
1412 NW 31 AVE
MIAMI, FL 33125

7. Name and Address of New Registered Agent

Name
SAMUEL COSTA
Street Address (P.O. Box Number is Not Acceptable)

9415 FOUNTAINBLEAU BLVD APT #106
City MIAMI FL Zip Code 33172

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 January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COSTA, MANNY ☒ Delete
STREET ADDRESS 1412 NW 31 AVE
CITY-ST-ZIP MIAMI, FL 33125

TITLE T
NAME COSTA, SAMUEL ☐ Delete
STREET ADDRESS 14504 SW 139 CIRCLE AVE
CITY-ST-ZIP MIAMI, FL 33186

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 800109959448 ☐ Change ☐ Addition
STREET ADDRESS 03/26/07--01034--015 **150.00
CITY-ST-ZIP

TITLE DP
NAME SAMUEL COSTA ☒ Change ☐ Addition
STREET ADDRESS 9415 FOUNTAINBLEAU BLVD APT#106
CITY-ST-ZIP MIAMI, FL 33172

TITLE DT
NAME JONATHAN COSTA ☐ Change ☒ Addition
STREET ADDRESS 9415 FOUNTAINBLEAU BLVD APT#106
CITY-ST-ZIP MIAMI, FL 33172

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/24/07 305-878-5267
Date Daytime Phone #

9/28/07