


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90031 022 ***150.00

DOCUMENT # M14002	
1. Entity Name VERO FINANCIAL SERVICES, INC.	

40001005



Principal Place of Business 14504 SW 139 AVE MIAMI, FL 33186 US	Mailing Address 1412 NW 31 AVE MIAMI, FL 33125 US
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2. Principal Place of Business - No P.O. Box # 9415 FOUNTAIN BLEAU BLVD	3. Mailing Address 9415 FOUNTAIN BLEAU BLVD
Suite, Apt. #, etc. APT # 106	Suite, Apt. #, etc. APT # 106
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33172	Zip 33172
Country USA	Country USA

01072008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0153272	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COSTA, MANNY 9415 FOUNTAIN BLEAU BLVD APT #106 MIAMI, FL 33172
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7. Name and Address of New Registered Agent Name SAMUEL COSTA Street Address (P.O. Box Number is Not Acceptable) 9415 FOUNTAIN BLEAU BLVD, APT #106 City MIAMI, FL Zip Code 33172

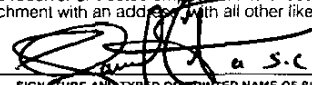
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, the registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **1/07/2008**

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COSTA, SAMUEL 9415 FOUNTAINBLEAU BLVD., APT #106 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT COSTA, JONATHAN 9415 FOUNTAINBLEAU BLVD., APT #106 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 addendum with all other like empowered.

SIGNATURE:  a.s.c. DATE **01/07/2008** (786) 752-2966