

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90015 044 ***150.00

DOCUMENT # P01000027509

1. Entity Name
VARCAY CONSULTING, INC.



Principal Place of Business
**15768 NW 4TH STREET
PEMBROKE PINES, FL 33028**

Mailing Address
**15768 NW 4TH STREET
PEMBROKE PINES, FL 33028**

24027907



2. Principal Place of Business
19140 SENECA AVE
Suite, Apt. #, etc.

3. Mailing Address
19140 SENECA AVE
Suite, Apt. #, etc.

03042004 Chg-P CR2E034 (10/03)

City & State
WESTON, FLORIDA
Zip
33332
Country
BROWARD

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WESTON, FLORIDA
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33332
Country
BROWARD

4. FEI Number
65-1085835
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ITURRIZA, V T ARCAZ
15768 NW 4TH STREET
PEMBROKE PINES, FL 33028**

7. Name and Address of New Registered Agent

Name
VERONICA T. ARCAZ
Street Address (P.O. Box Number is Not Acceptable)
19140 SENECA AVE.
City
WESTON **FL** Zip
33332

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 *Veronica Arcaz*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **03/17/04**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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
**D
ITURRIZA, V T ARCAZ
15768 NW 4TH STREET
PEMBROKE PINES, FL 33028** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
VERONICA T. ARCAZ
19140 SENECA AVE.
WESTON, FLORIDA 33332** ☒ Change ☐ Addition

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

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Veronica Arcaz* (VERONICA ARCAZ)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/17/04 (954) 217-8515