APR-29-2003 13:23 THE SOLANO GROUP P.A.

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90108 040 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000092585

1. Entity Name
VEMAC CORPORATION

70055142

Principal Place of Business	Mailing Address
900 WEST AVENUE N APT. 509 MIAMI, FL 33139	900 WEST AVENUE N APT. 509 MIAMI, FL 33139

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
6301 Biscayne Blvd.		6301 Biscayne Blvd	
Suite, Apt. #, etc.: Suite 114		Suite, Apt. #, etc.: Suite 114	
City & State: Miami, FL		City & State: Miami, FL	
Zip: 33138	Country: USA	Zip: 33138	Country: USA

4. FEI Number: 65-1159450 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CERVONE, RAFAEL 900 WEST AVENUE N APT. 509 MIAMI, FL 33139	Name: Street Address (P.O. Box Number Is Not Acceptable): City: FL Zip Code:

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] 04/29/03
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 [illegible]

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CERVONE, RAFAEL 900 WEST AVENUE N MIAMI, FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CERVONE, RAFAEL 6301 Biscayne Blvd. Ste. 114 Miami, FL 33138	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROCCA, VERONICA 900 WEST AVENUE N MIAMI, FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROCCA, VERONICA 6301 Biscayne Blvd. Ste 114 Miami, FL 33138	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: X [signature] 04/29/03 786-486-2808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TOTAL P.02