## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 08, 2006 8:00 am Secretary of State

DOCUMENT # P01000101742  1. Entity Name VERO'S PLACE, INC.					05-08-2006 90275 011 ***150.00						
Principal Place of Business Mailing Address				L		1 11	MOODAL.	-			
8759 NW 57 Tamarac, Fi	TH STREET	8759 NW 57TH STRE TAMARAC, FL 33351					<b>de</b> 41 <b>07 aug</b> 1010	1	<b>a 186</b> 1 an 2 <b>86</b> 1		
2. Principal P	lace of Business	3. Mailing Address	-	_							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04262006	Chg-P	CR2E0	34 (11/05)			
City & State		City & State		4. FEI Number 65-1149926					oplied For ot Applicable		
Zip	Country	Zip	Coun	try		5. Certificate	of Status Desired		\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
DAMAN O MARIELAN				Name RAMALLO MARIELA V.							
RAMALLO, MARIELA V 230 S.W. 71 TERRACE				Street Address (P.O. Box Number is Not Acceptable)							
PEMBROKE PINES, FL 33023				600 SW 69th WAY							
$\Omega$				City	TELIDIOGE LINES LT 2005						
<ol><li>The above the obligat</li></ol>	named entity submits this statement fi ions of registered agent	or the purpose of changing it	s registere	ed office or	r register	ed agent, or bo					
SIGNATURE X Signature proped or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating)  OATE											
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.				ncing	<b>\$5.</b> Adde	00 May Be ed to Fees					
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE			TITLE		PTD				Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP				et address -st-zip	600	MALLO MARIELA V. O SW 69th Way mbroke Pines, FL 33023					
TITLE		☐ Delete	TITLE			•			Change	Addition	
NAME	NAA NAA			E					_ •	_	
STREET ADDRESS CITY-ST-ZIP				et address - St - Zip							
TITLE NAME		☐ Delete	TITLE						Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST- ZIP							
TITLE		☐ Delete	TITLE						☐ Change	☐ Addition	
NAME			NAME								
STREET ADDRESS CITY-ST-ZIP				et address ·st-zip							
TITLE		☐ Delete	TITLE						☐ Change	Addition	
NAME STREET ANDRESS			NAME								
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP							
TITLE		☐ Delete	TITLE						☐ Change	☐ Addition	
NAME			NAM								
STREET ADDRESS CITY+ST+ZIP				et address • St - Zip							
	ertify that the information supplied wit	h this filing does not qualify f			ontained	in Chapter 119	Florida Statutes 1	further certi	fy that the in	formation	

1. Thereby certify that the information supplied with this filling does not quality 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 of trustee empty fered 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: <a href="#">X</a>

TURE AND POPEY OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mariela V. Rammallo President 04/26/06 954-793-5025

Daytime Phone #