

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90049 034 ***150.00

DOCUMENT # P02000029973

1. Entity Name
VEZNA, INC.



Principal Place of Business
6993 W. 5 CT.
HIALEAH, FL 33014

Mailing Address
6993 W. 5 CT.
HIALEAH, FL 33014

40061291



2. Principal Place of Business - No P.O. Box #
2137 N.W. 36 Street
Suite, Apt. #, etc.

3. Mailing Address
2137 N.W. 36 Street
Suite, Apt. #, etc.

04062007 Chg-P CR2E034 (12/06)

City & State
Miami Florida

City & State
Miami Florida

4. FEI Number
03-0411409

Applied For
Not Applicable

Zip
33142

Country
U.S.A.

Zip
33142

Country
U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LISCANO, FATIMA NASSAR
6993 W. 5 CT.
HIALEAH, FL 33014

7. Name and Address of New Registered Agent

Name

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

2137 N.W. 36 Street

City Miami

FL

Zip Code
33142

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]

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 May 1, 2007 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
DP
LISCANO, FATIMA N
6993 W. 5 CT.
HIALEAH, FL 33014 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DIAZ, JUAN A
6993 WEST 5TH COURT
HIALEAH, FL 33014 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LISCANO NASSAR, FATIMA ☒ Change ☐ Addition

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

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

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STREET ADDRESS
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 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

4/9/2007 (305) 362-9139

Date

Daytime Phone #