

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000083432

1. Entity Name
VIVEROS CO.



Principal Place of Business
14727 TRADERS PATH
ORLANDO, FL 32837

Mailing Address
14727 TRADERS PATH
ORLANDO, FL 32837



03032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2375544

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VIVEROS, JAIME
14727 TRADERS PATH
ORLANDO, FL 32837

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000345315
04/30/05-80030-018 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME VIVEROS, BRENDA V
STREET ADDRESS 4919 KEATON CREST DR.
CITY-ST-ZIP ORLANDO, FL 32837

TITLE D
NAME VIVEROS, ALBERTO
STREET ADDRESS 4919 KEATON CREST DR.
CITY-ST-ZIP ORLANDO, FL 32837

TITLE D
NAME VIVEROS, JAIME
STREET ADDRESS 14727 TRADERS PATH
CITY-ST-ZIP ORLANDO, FL 32837

TITLE D
NAME VALDES, LINA
STREET ADDRESS 14727 TRADERS PATH
CITY-ST-ZIP ORLANDO, FL 32837

TITLE D
NAME VIVEROS, ISABEL C
STREET ADDRESS 2635 LAZER COURT
CITY-ST-ZIP ORLANDO, FL 32827

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-05.