

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 01, 2006 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



02252006 No Chg-P CR2E034 (11/05)

4. FEI Number 52-2375544 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

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

000000452472
03/11/06-80027-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/27/02