

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000116999

Entity Name: VARENNES - REY CORP.

FILED  
Apr 29, 2009  
Secretary of State

## Current Principal Place of Business:

7660 SW 83RD COURT  
MIAMI, FL 33143 US

## New Principal Place of Business:

## Current Mailing Address:

7660 SW 83RD COURT  
MIAMI, FL 33143 US

## New Mailing Address:

FEI Number: 56-2301959

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CZETYRKO, CLAUDIA  
7660 SW 83 RD COURT  
MIAMI, FL 33143 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: VARENNES, FLAVIO O  
Address: 205 NE 2ND AVE #NORTH SIDE  
City-St-Zip: DANIA, FL 33004 US

Title: VP ( ) Delete  
Name: REY, CRISTINA B  
Address: 205 NE 2ND AVE #NORTH SIDE  
City-St-Zip: DANIA, FL 33004 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: VARENNES, FLAVIO O  
Address: 7660 SW 83 RD COURT  
City-St-Zip: MIAMI, FL 33143 US

Title: VP (X) Change ( ) Addition  
Name: REY, CRISTINA B  
Address: 7660 SW 83 RD COURT  
City-St-Zip: DANIA, FL 33143 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VARENNES FLAVIO O

P

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date