


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90030 040 \*\*\*150.00

<b>DOCUMENT # P03000035500</b>	
<b>1. Entity Name</b> VERA CONSULTING GROUP, INC.	

<b>Principal Place of Business</b> 9115 SW 17TH TERR. MIAMI, FL 33165	<b>Mailing Address</b> 9115 SW 17TH TERR. MIAMI, FL 33165
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<b>2. Principal Place of Business</b> 8440 S.W. 58 ST Suite, Apt. #, etc.	<b>3. Mailing Address</b> 8440 S.W. 58 ST Suite, Apt. #, etc.
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03112006 Chg-P CR2E034 (11/05)

<b>City &amp; State</b> MIAMI FL	<b>City &amp; State</b> MIAMI FL
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<b>Zip</b> 33143	<b>Country</b> U.S.A.	<b>Zip</b> 33143	<b>Country</b> U.S.A.
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<b>4. FEI Number</b> 04-3749570	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  VERA, RICHARD F 9115 SW 17TH TERR. MIAMI, FL 33165
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<b>7. Name and Address of New Registered Agent</b>  Name <u>VERA, RICHARD F.</u> Street Address (P.O. Box Number is Not Acceptable) <u>8440 S.W. 58 ST</u>  City <u>MIAMI</u> FL Zip Code <u>33143</u>
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**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] **DATE** 03-11-06  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing.)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> Delete VERA, RICHARD F 9115 SW 17TH TERR. MIAMI, FL 33165
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> Delete GUERRA-VERA, ANAMARIA 9115 SW 17TH TERR. MIAMI, FL 33165
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8440 S.W. 58 ST MIAMI, FL 33143
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8440 S.W. 58 ST MIAMI, FL 33143
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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] **DATE** 3/11/06 **DAYTIME PHONE #** 305-580-0155  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR