


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-16-2007 90144 001 ***150.00
 03-16-2007 90144 002 *****8.75
 03-16-2007 90144 003 *****5.00

DOCUMENT # P03000053343

1. Entity Name
VARONA'S ENTERPRISES, INC.



Principal Place of Business
**152 SW 27 AVE
 MIAMI FL 33135**

Mailing Address
**152 SW 27 AVE
 MIAMI FL 33135**



2. Principal Place of Business - No P.O. Box #
3056 NW 15 ST

3. Mailing Address
3056 NW 15 ST

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
MIAMI FLA

City & State
MIAMI FLA

Zip
33125

Country
U.S.A.

Zip
33125

Country
U.S.A.

4. FEI Number **AP-PLIED FOR** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CARMONA, EVA
 152 SW 27 AVE
 MIAMI FL 33135**

7. Name and Address of New Registered Agent
 Name **CARMONA, EVA**
 Street Address (P.O. Box Number is Not Accepted) **3056 NW 15 ST**
 City **MIAMI** FL Zip Code **33125**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CARMONA, EVA 152 SW 27 AVE MIAMI FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD: EVA CARMONA 3056 NW 15 ST MIA FLA 33125 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE 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 Section 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: _____ DATE: **03/07/07** DAYTIME PHONE #: **305) 438 5173**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR