


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90027 045 ***150.00

DOCUMENT # P03000053343

1. Entity Name
VARONA'S ENTERPRISES, INC.



Principal Place of Business Mailing Address
3056 NW 15 ST **3056 NW 15 ST**
MIAMI, FL 33125 **MIAMI, FL 33125**

40036030

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
833 NE. 96TH. STREET **P.O. BOX 350024**

Suite, Apt. #, etc. Suite, Apt. #, etc.



01152008 Chg-P CR2E034 (12/06)

City & State City & State
MIAMI SHORES, FL **MIAMI, FL.**

4. FEI Number Applied For
83-0357517 Not Applicable

Zip Country Zip Country
33138 **USA** **33135** **USA**

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

6. Name and Address of Current Registered Agent
CARMONA, EVA
3056 NW 15 ST
MIAMI, FL 33125

7. Name and Address of New Registered Agent
Name **EVA CARMONA**
Street Address (P.O. Box Number is Not Acceptable)
833 NE. 96TH. STREET
City **MIAMI SHORES** FL Zip Code **33138**

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 **EVA CARMONA** DATE **1/15/08**
PRESIDENT

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, 2008 Fee will be \$550.00

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 3056 NW 15 ST MIAMI, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EVA CARMONA 833 NE. 96TH. STREET MIAMI SHORES, FL, 33138 <input checked="" 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 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: **EVA CARMONA** DATE **1/15/08**
PRESIDENT Daytime Phone # **(305) 758-8753**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #