

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91038 006 ***150.00

DOCUMENT # P03000053446

1. Entity Name

VERIDICA, INC.



Principal Place of Business

2070 NW 79 AVE #204
MIAMI FL 33122

Mailing Address

2070 NW 79 AVE #204
MIAMI FL 33122

2. Principal Place of Business

4767 NW 72 Ave.

3. Mailing Address

4767 NW 72 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

73-1666524

Applied For

Not Applicable

Zip

33166

Country

Zip

33166

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, TROY D
2070 NW 79 AVE #204
MIAMI FL 33122

7. Name and Address of New Registered Agent

Name

SMITH, TROY D.

Street Address (P.O. Box Number is Not Acceptable)

4767 NW 72 Ave.

City

MIAMI

FL

Zip Code

33166

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/23/2004

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE DP ☐ Delete
NAME SMITH, TROY D.
STREET ADDRESS 2070 NW 79 AVE #204
CITY-ST-ZIP MIAMI FL 33122

TITLE D ☐ Delete
NAME HENRIQUEZ, ALVARO
STREET ADDRESS 2070 NW 79 AVE., #204
CITY-ST-ZIP MIAMI FL 33122

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME SMITH, TROY D
STREET ADDRESS 4767 NW 72 Ave
CITY-ST-ZIP MIAMI, FL 33166

TITLE D ☒ Change ☐ Addition
NAME HENRIQUEZ, ALVARO
STREET ADDRESS 4767 NW 72 Ave
CITY-ST-ZIP MIAMI, FL 33166

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

(786) 331-7111