2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000053446

1. Entity Name
VERIDICA, INC.

Principal Place of Business	Mailing Address
4767 NW 72 AVE MIAMI, FL 33166	4767 NW 72 AVE MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

04272005   No Chg-P   CR2E034 (10/03)

4. FEI Number 73-1666524	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, TROY D
4767 NW 72 AVE
MIAMI, FL 33166

DO NOT WRITE
IN THIS SPACE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, TROY D
STREET ADDRESS	4767 NW 72 AVE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	D
NAME	HENRIQUEZ, ALVARO
STREET ADDRESS	4767 NW 72 AVE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000350231
05/02/05-80097-009 150.00

DO NOT WRITE
IN THIS SPACE

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: _____ ALVARO HENRIQUEZ   04/27/2005   786-331-7111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #