FILED
Aug 11, 2004 8:00 am
Secretary of State
05-24-2004 90009 011 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/24

DOCUMENT # P03000060907

1. Entity Name
VERONA INVESTMENTS INC.

Principal Place of Business	Mailing Address
8362 PINES BLVD STE 1061 PENBROOKE PINES, FL 33024	8362 PINES BLVD STE 1061 PENBROOKE PINES, FL 33024

00431701

03132003 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4400 SW 160th Ave.	4400 SW 160th Ave.
Suite, Apt. #, etc. 1021	Suite, Apt. #, etc. 1021
City & State Miramar FL	City & State Miramar FL
Zip 33027 Country USA	Zip 33027 Country USA

4. FEI Number 42/60 1943 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LUTCHMENARINE, RALPH
C/O LAW OFFICE OF SALLY N. SAWH, P.A.
1054 KANE CONCOURSE
BAY HARBOR, FL 33154

7. Name and Address of New Registered Agent

Name Lutchmenarine, Ralph
Street Address (P.O. Box Number is Not Acceptable) 4400 SW 160th Ave # 1021
City Miramar FL Zip Code 33027

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] 5/19/04
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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ralph Lutchmenarine 4400 S.W. 160th Ave # 1021 Miramar FL 33027 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] 5/19/04 (9) 525-6498.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #