

2004 FOR PROFIT CORPORATION ANNUAL REPORT

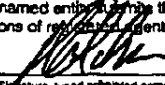
FILED
Aug 11, 2004 8:00 am
Secretary of State

05-24-2004 90009 011 ***150.00

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DOCUMENT # P03000060907			
1. Entity Name VERONA INVESTMENTS INC.			
Principal Place of Business 8362 PINES BLVD STE 1061 PENBROOKE PINES, FL 33024		Mailing Address 8362 PINES BLVD STE 1061 PENBROOKE PINES, FL 33024	
2. Principal Place of Business 4400 SW 160th Ave. Suite, Apt. #, etc. 1021		3. Mailing Address 4400 SW 160th Ave. Suite, Apt. #, etc. 1021	
City & State Miramar, FL		City & State Miramar, FL	
Zip 33027	Country USA	Zip 33027	Country USA
4. FEI Number 421601943		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 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 certifies 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: 5/19/04 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 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
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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: 		DATE: 5/19/04 DAYTIME PHONE: (954) 525-6498	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			