

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000093299	
1* Entity Name VEREJ, CORP	

Principal Place of Business 10700 SW 139 AVE MIAMI FL 33186	Mailing Address 10700 SW 139 AVE MIAMI FL 33186
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 80-0014127	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BERGAMINO, CARLOS A 10700 SW 139 AVE MIAMI FL 33186

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 reappointing)	DATE
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FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

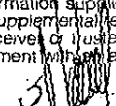
9. Election Campaign Financing **\$5.00** May E-
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS		☐ Delete
TITLE	P	
NAME	BERGAMINO, CARLOS A	
STREET ADDRESS	10700 SW 139 AVE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VP	
NAME	BERGAMINO, CARLOS A	
STREET ADDRESS	10700 SW 139 AVE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	TREA	
NAME	BERGAMINO, CARLOS A	
STREET ADDRESS	10700 SW 139 AVE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	SECR	
NAME	NORIEGA, JESSICA	
STREET ADDRESS	10700 SW 139 AVE	
CITY-ST-ZIP	MIAMI FL 33186	
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		☐ Change	☐ Addition
TITLE			
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			

U000000526560
05/04/06-80081-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  4/19/06 (784) 2052888