

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000124348

FILED
Oct 20, 2006
Secretary of State

Entity Name: VARY BUSINESS CORPORATION

Current Principal Place of Business:

1740 NE 173 ST
NORTH MIAMI B EACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

16300 NE 19 AVE.
STE C
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

5220 S UNIVERSITY DR
STE C-102
DAVIE, FL 33328

FEI Number: 20-0362442

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVA, LUIS F
1740 NE 173 ST
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

SILVA'S ENTERPRISE, INC.
5220 S UNIVERSITY DR
SUITE C-102
DAVIE, FL 33328 US

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.

SIGNATURE: FERNANDO SILVA

10/20/2006

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VACCA, MIGUEL A
Address: 1740 NE 173 ST
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VD () Delete
Name: RODRIGUEZ, DIEGO A
Address: 1740 NE 173 ST
City-St-Zip: NORTH MIAMI B EACH, FL 33162

Title: D () Delete
Name: SUAREZ, CARMEN Y
Address: 1740 NE 173 ST
City-St-Zip: NORTH MIAMI B EACH, FL 33162

Title: D () Delete
Name: TORRES, MONICA DEL P
Address: 1740 NE 173 ST
City-St-Zip: NORTH MIAMI B EACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIGUEL A. VACCA

PD

10/20/2006

Electronic Signature of Signing Officer or Director

Date