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Secretary of State

02-23-2004 90062 039 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000128453

1. Entity Name
VERONIQUE PASCUAL II, INC.

66410639

02032004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
6265 14TH AVENUE N.W. NAPLES, FL 34119	6265 14TH AVENUE N.W. NAPLES, FL 34119
2. Principal Place of Business: 6265 Shady Oaks Lane Suite, Apt. #, etc.	3. Mailing Address: 6265 Shady Oaks Lane Suite, Apt. #, etc.
City & State: Naples, FL	City & State: Naples, FL
Zip: 34119-1241 Country: Collier	Zip: 34119-1241 Country: Collier

4. FEI Number: 20-0395471 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PASCUAL, VERONIQUE
6265 14TH AVENUE N.W.
NAPLES, FL 34119

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PASCUAL, VERONIQUE 6265 14TH AVENUE N.W. NAPLES, FL 34119	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PASCUAL (spelling correction)	☐ 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] X 2.5-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #