

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000009198

1. Entity Name

VARSON INVESTMENT CORP.



Principal Place of Business

16851 N.W. 87 CT
MIAMI LAKE, FL 33018

Mailing Address

16851 N.W. 87 CT
MIAMI LAKE, FL 33018



01312007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0494122 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VARELA, RODOLFO
16851 N.W. 87 CT
MIAMI LAKES, FL 33018

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME VARELA, RODOLFO
STREET ADDRESS 16851 N.W. 87TH CT.
CITY-ST-ZIP MIAMI LAKES, FL 33018

TITLE D
NAME MASSON, THERESA
STREET ADDRESS 15905 W PRESTWICK PLACE
CITY-ST-ZIP HIALEAH, FL 33014

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1107000628378
02/16/07-80011-010 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/07 786-514-4