2005 FOR PROFIT CORPORATION , ANNUAL REPORT

FILED Apr 20, 2005 8:00 am Secretary of State

04-20-2005 90349 015 ***150.00



DOCUMENT # P04000031570 VER-MEX, INC. Principal Place of Business Mailing Address 2 BRIGADOON LANE -6 50040686 2 BRIGADOON LANE PALM COAST, FL 32167 PALM COAST, FL 32167 2. Principal Place of Business 3. Mailing Address LOZY N. Oceanshore Blvd 6024 N. Oceans Suite, Apt. #, etc. Suite, Apt. #, etc. 04132005 CR2E034 (10/03) City & State Applied For City & State 4. FEI Number P<u>aïu</u> m Coast -0081240 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 216 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AYALA, FRANCISCA 2 BRIGADOON LANE Street Address (P.O. Box Number is Not Acceptable) PALM COAST, FL -32467 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 the obligations of registered agent. ncisca 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition AYALA, JUAN C NAME 6024 N. Oceanshore Blud 2-BRIGADOON LANE STREET ADDRESS STREET ADDRESS PALM COAST, Ft-32167 CITY-ST-ZIP CITY-ST-ZIP Palm COOST FL 32184 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 exposered 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: 2