2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 03, 2006 8:00 am Secretary of State DOCUMENT# P04000049295 1. Entity Name 05-03-2006 90210 041 ***150.00 ROBERT VIERA, P.A. Principal Place of Business Mailing Address 1411 SE 39TH TERRACE CAPE CORAL FL 33904 1411 SE 39TH TERRACE CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address 2606 SE 2310 AVE 2606 SE 23AO AVE Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For CAPE CORAL FL 20-0880489 CAPE CORAL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33904 3904 USA ÚSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBERT VIERA VIERA, ROBERT 1411 SE 39TH TERACE CAPE CORAL FL 33904 Street Address (P.O. Box Number is Not Acceptable) SE 23RD AVE 8. The above named entity submits this statement for the purpose of changi istered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 21 APR 2006 SIGNATURE. (NOTE: Registored Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition VIERA, ROBERT NAME VIERA, ROBERT NAME 2606 SE 23AO AVE STREET ADDRESS 1411 SE 39TH TERRACE STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-7/P TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change □ Addition NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-7IP TITLE Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 expressive fed 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.

ROBERT VIERA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED