2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
May 16, 2005 8:00 am
Secretary of State

04-15-2005 90094 031 ***150.00

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1. Entity Name

VIPERS HOME MANAGEMENT INC

Principal Place of Business	Mailing Address
1172 SW ALCANTARRA BLVD PORT SAINT LUCIE FL 34953 US	1172 SW ALCANTARRA BLVD PORT SAINT LUCIE FL 34953 US

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O BOX 880937 Suite, Apt. #, etc.
City & State	City & State: Port ST. Lucie, Florida
Zip / Country	Zip: 34988 / Country

4. FEI Number: 20-1040770 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALMODOVAR, EDUARDO S 1172 SW ALCANTARRA BLVD PORT SAINT LUCIE FL 34953	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 resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	PT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ALMODOVAR, EDUARDO S	NAME	
STREET ADDRESS	1172 SW ALCANTARRA BLVD	STREET ADDRESS	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953	CITY-ST-ZIP	
TITLE	VPS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ALMODOVAR, MARIA S	NAME	
STREET ADDRESS	1172 SW ALCANTARRA BLVD	STREET ADDRESS	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953	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
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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 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 Maria S Almodovar MARIA S Almodovar 4/6/05 772 871-2555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #