


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 19, 2005 8:00 am**  
**Secretary of State**

08-19-2005 90009 040 \*\*\*150.00

<b>DOCUMENT # P04000093689</b>	
1. Entity Name <b>VERSATRAN CORP.</b>	

Principal Place of Business <b>5711 HALLANDALE BEACH BOULEVARD, SUITE B4 HOLLYWOOD, FL 33023</b>	Mailing Address <b>5711 HALLANDALE BEACH BOULEVARD, SUITE B4 HOLLYWOOD, FL 33023</b>
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**50062461**

2. Principal Place of Business <b>908 North 20<sup>th</sup> ave</b>	3. Mailing Address <b>908 North 20<sup>th</sup> ave.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Hollywood Florida</b>	City & State <b>Hollywood Florida</b>
Zip <b>33020</b>	Zip <b>33020</b>
Country <b>USA</b>	Country <b>USA</b>



08162005 Chg-P CR2E034 (10/03)

4. FEI Number <b>54-2154463</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>	7. Name and Address of New Registered Agent Name <b>Serrano Corp.</b> Street Address (P.O. Box Number is Not Acceptable) <b>Casilla 8995, Casilla Ave.</b> <b>Guayaquil Ecuador.</b> City <b>Miami</b> FL Zip Code <b>33020</b>
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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 	DATE <b>8-16-05</b>
(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SLEPICKOVA, LENKA <input checked="" type="checkbox"/> Delete 5711 HALLANDALE BEACH BOULEVARD, SUITE B4 HOLLYWOOD, FL 33023	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD. Mohini Cerveira <input type="checkbox"/> Delete 908 North 20 <sup>th</sup> ave. Hollywood FL 33020.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	Date <b>8-16-05</b>	Daytime Phone # <b>706-252-0946</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		