

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90466 018 ***150.00

60032383



04262006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000134552 1. Entity Name VERKAUFZ, CORP.					
Principal Place of Business 2516 CENTERGATE DR #108 MIRAMAR, FL 33025			Mailing Address 2516 CENTERGATE DR #108 MIRAMAR, FL 33025		
2. Principal Place of Business 614 SW 106 Avenue <small>Suite, Apt. #, etc.</small>		3. Mailing Address 614 SW 106 Avenue <small>Suite, Apt. #, etc.</small>			
City & State Pembroke Pines, Florida Zip 33025		City & State Pembroke Pines, Florida Zip 33025		4. FEI Number 20-1674032	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NATERA, ALEJANDRO 2516 CENTER GATE DR 108 MIRAMAR, FL 33025				7. Name and Address of New Registered Agent Name NATERA ALEJANDRO Street Address (P.O. Box Number is Not Acceptable) 614 SW 106 Avenue City Pembroke Pines FL Zip Code 33025	
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 04/26/06 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT NATERA, ALEJANDRO 2516 CENTERGATE DR #108 MIRAMAR, FL 33025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT NATERA, ALEJANDRO 614 SW 106 Avenue Pembroke Pines Florida 33025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ZULOAGA, MARIA A 2516 CENTERGATE DR #108 MIRAMAR, FL 33025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ZULOAGA, MARIA 614 SW 106 Avenue Pembroke Pines, Florida 33025	<input checked="" 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 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:			04/26/06 954 993 9279 <small>Date Daytime Phone #</small>		