## **2007 FOR PROFIT CORPORATION**

## FILED **ANNUAL REPORT** May 01, 2007 08:00 AM Secretary of State **DOCUMENT # P05000059755** 1. Entity Name A ALEXIS VARELA INC Principal Place of Business Mailing Address 3122-3 LEON ROAD 3122-3 LEON ROAD JACKSONVILLE, FL 32246 JACKSONVILLE, FL 32246 CR2E034 (11/05) 04302007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent VARELA, JUAN A DO NOT WRITE **3122-3 LEON ROAD** JACKSONVILLE, FL 32246 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE VARELA, ALEXIS NAME U000000750468 STREET ADDRESS 101 NATURES WAY ns/18/07-80062-025 150.00 CITY-ST-ZIP PONTE VEDRA, FL 32082 TITLE VARELA, ARGENIS NAME STREET ADDRESS 101 NATURES WAY CITY+ST-ZIP PONTE VEDRA, FL 32082 NAME STREET ADDRESS DO NOT WRITE CITY+ST-ZIP TITLE IN THIS SPACE

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.

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STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #