2008 FOR PROFIT CORPORATION

FILED Feb 01, 2008 08:00 AN te

ANNUAL REPURI	T CD 01, 2000 00.00
DOCUMENT # P06000074527 1. Enlity Name	Secretary of Sta
VERATRANS, INC.	
The second secon	, , , , , , , , , , , , , , , , , , , ,
Principal Place of Business Mailing Address	The second secon
14028 S.W. 140TH STREET 14028 S.W. 140TH STREET MIAMI, FL 33186	100 Company of the Co
	.
· Commence of the control of the con	
	S CA CAST SALAMAN TO SALAMAN AND AND AND AND AND AND AND AND AND A
DO MOT MORTE IN THE SON	01302008 No Chg-P CR2E034 (11/05)
DO NOT WRITE IN THIS SPA	
Section 1 to the section of the sect	20-4956332 Not Applicable
	5. Certificate of Status Desired Fee Required
6. Name and Address of Current Registered Agent	
VECIANA, JOSEP	DO NOT WRITE
12811 S.W. 119TH STREET MIAMI, FL 33186	- [- [- [- [- [- [- [- [- [- [
	IN THIS SPACE
 The above named entity submits this statement for the purpose of changing its registe the obligations of registered agent. 	ered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
, ,	
SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered agent and title if applicable).	ored Agent signature required when reinstating) DATE
FILE NOWILL FEE IS \$450.00	encing \$5.00
After May 1, 2008 Fee will be \$550.00	
10 OFFICERS AND DIRECTORS	
TITLE : PD	SERVICE TO THE SERVICE OF THE SERVIC
NAME VECIANA, JOSEP STREET ADDRESS 12811 S.W. 119TH STREET	The State of the S
GIY-SI-ZIP MIAMI, FL 33186	CLAPAN STATES
(ITLE VSD NAME RAMS, MONSERRAT	The state of the s
NAME RAMS, MONSERRAT SIREEI ADDRESS 12811 S.W. 119TH STREET	000000809793 02/08/08-80035-021 150.00
CITY-SI-ZIP MIAMI, FL 33186	- 150.00 30000 021 130.00 - 15
TITLE NAME	
STREET ADDRESS	DO NOT WRITE
CILY-ST-ZIP	DO NOT WRITE
TITLE NAME	IN THIS SPACE
STREET ADDRESS	Control of the Contro
CITY-ST-ZIP	- BRANCO CONTROL OF THE CONTROL OF T
NAME	
STREET ADDRESS	Market Market Committee Co
CITY-ST-ZIP	10 (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)
NAME	
STREET ADDRESS	State of the Control
12. Thereby certify that the information supplied with this filling does not qualify for the e	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 sign	exemptions contained in Chapter 119, Florida Statules. I further certify that the information value shall have the same legal effect as if made under oath; that I am an office or director uired by Chapter 607, Florida Statules; and that my name appears in Block 10 or Block 11 if
changed, or on an attachment with an address with ell office like empowered.	and any anapole out. Horizon attached, and that my harmy appears at under 10 or 200k 11 if
SIGNATURE:	
SIGNATURE AND TYPED THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Priore &	