

## **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000082180

Entity Name: VARONA FINANCIAL GROUP INC

**FILED**  
**Oct 09, 2010**  
**Secretary of State**

### **Current Principal Place of Business:**

18459 PINES BLVD.,  
# 443  
PEMBROKE PINES, FL 33029

### **New Principal Place of Business:**

18459 PINES BLVD.,  
# 457  
PEMBROKE PINES, FL 33029

### **Current Mailing Address:**

18459 PINES BLVD.,  
# 443  
PEMBROKE PINES, FL 33029

### **New Mailing Address:**

18459 PINES BLVD.,  
#457  
PEMBROKE PINES, FL 33029

FEI Number: 26-3313963

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

### **Name and Address of Current Registered Agent:**

ROSALES, VALERIO  
18459 PINES BLVD.,  
# 443  
PEMBROKE PINES, FL 33029 US

### **Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

### **OFFICERS AND DIRECTORS:**

Title: P  
Name: ROSALES, VALERIO  
Address: 18459 PINES BLVD.,  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP  
Name: SERCE, ABDULLAH  
Address: 18459 PINES BLVD.,  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: S  
Name: ROSALES, VALERIO  
Address: 18459 PINES BLVD.,  
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROSALES VALERIO

P

10/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date