

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90222 001 ***150.00

DOCUMENT # P94000062491

1. Entity Name
VERELI PRODUCTS, INC.



Principal Place of Business
**200 S BISCAYNE BLVD
SUITE #4100
MIAMI, FL 33131**

Mailing Address
**200 S BISCAYNE BLVD
SUITE #4100
MIAMI, FL 33131**

50002950



2. Principal Place of Business
**806 Douglas Road
Suite, Apt. #, etc.
Suite 580**

3. Mailing Address
**806 Douglas Road
Suite, Apt. #, etc.
Suite 580**

01062006 Chg-P CR2E034 (11/05)

City & State
Coral Gables, FL

City & State
Coral Gables, FL

4. FEI Number
65-0518231

Applied For
Not Applicable

Zip
33134

Country
US

Zip
33134

Country
US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATE INTERNATIONAL REGISTERED AGENTS
200 S BISCAYNE BLVD
SUITE #4100
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name
Registered Agent Corporate Services Inc.
Street Address (P.O. Box Number is Not Acceptable)
**806 Douglas Road
Suite 580**
City
Coral Gables **FL** Zip Code
33134

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPST
ELIZEE, MORHANGES
200 S BISCAYNE BLVD, #4100
MIAMI, FL 33131** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPST
ELIZEE, MORHANGES
806 DOUGLAS ROAD, SUITE 580
CORAL GABLES, FL 33134** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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☐ Change ☐ 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 file 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 of the officer or director empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/13/06