

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

03-22-2006 90017 025 ***150.00

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1. Entity Name
VIOR FUNERAL HOMES, INC.



Principal Place of Business

**291 N W 37TH AVENUE
MIAMI, FL 33125 US**

Mailing Address

**291 N W 37TH AVENUE
MIAMI, FL 33125 US**

00000000



03312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0659978

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RIVERO, JORGE
291 NW 37 AVENUE
MIAMI, FL 33125**

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	D
NAME	MOURIZ, JANET
STREET ADDRESS	7210 E. LAGO DRIVE
CITY-ST-ZIP	CORAL GABLES, FL 33143
TITLE	D
NAME	MOURIZ, MIGUEL
STREET ADDRESS	7210 E. LAGO DRIVE
CITY-ST-ZIP	CORAL GABLES, FL 33143
TITLE	D
NAME	RIVERO, JORGE
STREET ADDRESS	1424 SAN BENITO AVENUE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	RIVERO, ROSA
STREET ADDRESS	9568 SW 126 AVENUE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/31/2006 (305) 6433131
Date Daytime Phone #