


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000073158 1. Entity Name VIOR FUNERAL HOMES, INC.	
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Principal Place of Business 291 N W 37TH AVENUE MIAMI, FL 33125 US	Mailing Address 291 N W 37TH AVENUE MIAMI, FL 33125 US
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01262008 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 <input type="checkbox"/>	\$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, 2008 Fee will be \$550.00**

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

U000000215034

02/13/08-90068-005 150.00

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	291 NW 37 AVENUE
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	D
NAME	RIVERO, ILEANA
STREET ADDRESS	291 NW 37 AVENUE
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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

JANET MOURIZ

1/30/2008 (305) 6433131

Date

Daytime Phone #