


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90036 026 ***158.75

DOCUMENT # P96000018733	
1. Entity Name VERBELLE INC.	

Principal Place of Business 17100 ARVIDA PKWY. BLDG. A, UNIT 2 WESTON, FL 33326	Mailing Address 17100 ARVIDA PKWY. BLDG. A, UNIT 2 WESTON, FL 33326
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01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DIAZ, MARIA EUGENIA 4468 DOGWOOD CIRCLE MAGNOLIA RIDGE WESTON, FL 33331

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, CARLOS M 1711 OSPREY BEND 4278 DIAMOND TERRACE WESTON, FL 33332 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIAZ, CARLOS A 1711 OSPREY BEND 4278 DIAMOND TERRACE WESTON, FL 33332 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DIAZ, LUZ E 1711 OSPREY BEND 4278 DIAMOND TERRACE WESTON, FL 33332 33331
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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 exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE: Carlos Manuel Diaz Carlos Manuel Diaz, President. 01/18/05 954 384 8055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #