

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90027 046 ***150.00



DOCUMENT # P96000101531

1. Entity Name
JOHN VERDELLIS, INC.

Principal Place of Business Mailing Address
169 E FLAGLER ST 169 E FLAGLER ST
STE 925 STE 925
MIAMI FL 33131 MIAMI FL 33131
US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

4. FEI Number **65-0717725** Applied For
 Not Applicable

1st MOORE CR2E034 (10/07)

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

MORANTE, THOMAS F
777 BRICKELL AVE.
SUITE 500
MIAMI FL 33131

Name:
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. OFF: Registered Agent (or title, if applicable) and signature, date.

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete VERDELLIS, JOHN R.S. 2224 SEGOVIA CIR CORAL GABLES FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ADDRESS CHANGE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VERDELLIS, JOHN R.S. 4270 LENNOX DRIVE MIAMI, FL. 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowerments.

SIGNATURE: JOHN R. S. VERDELLIS **1-24-08 305-358-7080**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mo-Year