


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000067534

1. Entity Name
VERA INVESTMENT, INC.



Principal Place of Business
**13960 SW 47 STREET
 MIAMI, FL 33175**

Mailing Address
**C/O IVAN A. GOMEZ, P.A.
 601 BRICKELL KEY DRIVE, STE 507
 MIAMI, FL 33131**



01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0856754

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**IAG CORPORATE SERVICES, INC.
 601 BRICKELL KEY DRIVE, STE 507
 MIAMI, FL 33131**

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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, 2008 Fee will be \$550.00**

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

1100101518935
 05/02/06-80034-018 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VERA, MANUEL G
STREET ADDRESS	9701 SW 59 STREET
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	D
NAME	VERA, EVA V
STREET ADDRESS	3110 SW 102 AVE
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	D
NAME	VERA, MARIA T
STREET ADDRESS	13224 SW 40 TERR
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	P
NAME	VERA, MANUEL G
STREET ADDRESS	3110 SW 102 AVE
CITY-ST-ZIP	MIAMI, FL 33165
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Manuel G. Vera, President  **305-371-9213**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #