2008 FOR PROFIT CORPORATION

Jan 30, 2008 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # P99000042675 01-30-2008 90032 024 ***150.00 1. Entity Name VERONA BAY CORPORATION Principal Place of Business Mailing Address 40013753 150 WEST FLAGLER ST., STE. 2200 150 WEST FLAGLER ST., STE. 2200 MIAMI, FL 33130 MIAMI. FL 33130 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0922517 Not Applicable Zip Country Zìp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FREED, OWEN S Street Address (P.O. Box Number is Not Acceptable) 150 WEST FLAGLER ST., STE. 2200 MIAMI, FL 33130 City Zio 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ₽D Addition TITLE ☐ Delete TITLE ☐ Change FREED, OWEN S NAME NAME 550 PUERTA AVE. STREET ADDRESS STREET ADDRESS CORAL GABLES, FL 33143 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME FREED, SHEILA R NAME STREET ADDRESS 150 WEST FLAGLER ST., STE. 2200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33130 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Dolete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I nereby certify that the information supplied with this filling 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 logal 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:

AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

108 305-789-3200

FILED