


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # S80703 1. Entity Name V. ENTERPRISES OF MIAMI, INC.	
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Principal Place of Business 1851 N.E. 7 AVENUE MIAMI, FL 33132 US	Mailing Address 4500 N.W. 183RD STREET MIAMI, FL 33055
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01272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0613361	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  VERDI, HECTOR 4500 N.W. 183 STREET MIAMI, FL 33055
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**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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VERDI, HECTOR 4500 N.W. 183RD STREET MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD VERDI, MARIA 4500 N.W. 183 STREET MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RODRIGUEZ, MARIA L 4500 N.W. 183 STREET MIAMI, FL 33055
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U00000203829  
01/29/05-80046-010 150.00

**DO NOT WRITE  
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)(c), 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:  1/27/05 305-625-0074  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #