

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 854878

FILED
Apr 13, 2009
Secretary of State

Entity Name: VIFERE CORP. N.V.

Current Principal Place of Business:

3805 NW 107 AVE
SUITE 123
MIAMI, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 560683
MIAMI, FL 33256

New Mailing Address:

FEI Number: 98-0056155 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUESADA, G. FRANK ESQ.
1313 PONCE LE LEON BLVD
SUITE 200
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: IRASTORZA, BENITO
Address: P.O. BOX 560683
City-St-Zip: MIAMI, FL 33256

Title: SD () Delete
Name: IRASTORZA, R.
Address: P.O. BOX 560683
City-St-Zip: MIAMI, FL 33256

Title: D () Delete
Name: NEW HEMISPHERE TRUST CO.
Address: SNIGWEG 41, CURACAO
City-St-Zip: NETHERLANDS ANTILL.,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENITO IRASTORZA

MGR

04/13/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date