

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 469516

**Entity Name:** VEROIVON, INC.

**Current Principal Place of Business:**

ORIENTE PHARMACY  
285 N.W. 27TH AVE  
MIAMI, FL 33125

**Current Mailing Address:**

% DINORAH CARBALLOSA  
2785 N.W. 3RD ST.  
MIAMI, FL 33125-5013

**FEI Number:** 59-1611228

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CARBALLOSA, DINORAH  
2785 NW 3 ST  
MIAMI, FL 33125 US

*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

**Officer/Director Detail :**

Title PS  
Name CARBALLOSA, VERONICA  
Address 2785 N.W. 3RD STREET  
City-State-Zip: MIAMI FL

Title VT  
Name CARBALLOSA, DINORAH  
Address 2785 NW 3 ST  
City-State-Zip: MIAMI FL

Title S  
Name CARBALLOSA, VERONICA  
Address 2785 N.W. 3RD STREET  
City-State-Zip: MIAMI FL

*I hereby 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 all other like empowered.*

**SIGNATURE:** VERONICA CARBALLOSA

**PRESIDENT**

**01/31/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date