


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90055 019 ***150.00

DOCUMENT # P03000107818

1. Entity Name
 VERTY DEVELOPMENT GROUP INC.



Principal Place of Business Mailing Address

C/O GALVEZ-PRIEGO URDANETA C/O GALVEZ-PRIEGO URDANETA
 888 BRICKELL AVENUE 5TH FLOOR 888 BRICKELL AVENUE 5TH FLOOR
 MIAMI, FL 33131 MIAMI, FL 33131

2. Principal Place of Business 3. Mailing Address


C/O GALVEZ Priego & Assoc. *C/O GALVEZ Priego & Assoc.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
888 BRICKELL AVE, 5th Floor *888 BRICKELL AVE, 5th Floor*

City & State City & State

MIAMI, FLORIDA *MIAMI, FLORIDA*

Zip Country Zip Country

33131 MIAMI DADE *33131 MIAMI DADE*



01222004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
68-0568284 Not Applicable

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

6. Name and Address of Current Registered Agent

URDANETA, JUAN V
 888 BRICKELL AVENUE
 5TH FLOOR
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name *JORGE GALVEZ-PRIEGO, ESQ.*
 Street Address (P.O. Box Number is Not Acceptable)
888 BRICKELL AVE.
5th FLOOR
 City *MIAMI* FL Zip Code *33131*

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]* DATE *01/22/2004*

Signature, typed or printed name of registered agent and title, if applicable. (None Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEON, NESTOR			NAME			
STREET ADDRESS	888 BRICKELL AVENUE 5TH FLOOR			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33131			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEON, LEANDRO			NAME			
STREET ADDRESS	888 BRICKELL AVENUE 5TH FLOOR			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33131			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEON, ANA			NAME			
STREET ADDRESS	888 BRICKELL AVENUE 5TH FLOOR			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33131			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *N. Leon* DATE: *01/22/2004* DAYTIME PHONE: *(954) 967 5439*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR