


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90034 029 \*\*\*158.75

**DOCUMENT # P03000107818**

1. Entity Name  
**VERTY DEVELOPMENT GROUP INC.**



Principal Place of Business  
**C/O GALVEZ-PRIEGO & ASSOC.  
 888 BRICKELL AVENUE 5TH FLOOR  
 MIAMI, FL 33131**

Mailing Address  
**C/O GALVEZ-PRIEGO & ASSOC.  
 888 BRICKELL AVENUE 5TH FLOOR  
 MIAMI, FL 33131**

2. Principal Place of Business  
**c/o JORGE GALVEZ-PRIEGO, P.A.**

3. Mailing Address  
**13876 SW 56th Street**

Suite, Apt. #, etc.  
**2655 Le Jeune Road, Ste 309**

Suite, Apt. #, etc.  
**#291**

City & State  
**Coral Gables, Florida**

City & State  
**Miami, Florida**

Zip  
**33134**

Country  
**USA**

Zip  
**33175**

Country  
**USA**

02252005 Chg-P CR2E034 (10/03)

4. FEI Number  
**68-0568284**

Applied For  
 Not Applicable

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



6. Name and Address of Current Registered Agent

**GALVEZ-PRIEGO, JORGE ESQ.  
 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)  
**2655 Le Jeune Road, Ste 309**

**Coral Gables, Florida**

City  
**33134**

FL Zip Code  
**USA**

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  **Jorge Galvez-Priego, Esq.** DATE **3/20/05**

Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	D LEON, NESTOR 888 BRICKELL AVENUE 5TH FLOOR MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEON, LEANDRO 888 BRICKELL AVENUE 5TH FLOOR MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEON, ANA 888 BRICKELL AVENUE 5TH FLOOR MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D LEON, NESTOR 2655 Le Jeune Road, Suite 309 Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEON, LEANDRO 2655 Le Jeune Road, Suite 309 Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEON, ANA 2655 Le Jeune Road, Suite 309 Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **LEANDRO LEON, DIRECTOR** Date **3-20-05** Daytime Phone # **305-416-9668**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR