

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 29, 2007 8:00 am
Secretary of State

02-08-2007 90052 041 ***150.00

DOCUMENT # F04000005161					
1. Entity Name NATIVE MANAGEMENT GROUP, LTD., CORP.					
Principal Place of Business HC61 BOX 50K CLEWISTON FL 33440			Mailing Address HC61 BOX 50K CLEWISTON FL 33440		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 02-0730343	
				☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLDING, STEPHEN 2950 W CYPRESS CREEK RD STE 102 FORT LAUDERDALE FL 33309			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <i>[Signature]</i> Pres			DATE 3/1/07		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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 NAME STREET ADDRESS CITY- ST- ZIP	CPST FERRERO, JOSEPH R HC61 BOX 50K CLEWISTON FL 33440	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>[Signature]</i> Pres			DATE 3/20/07		

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1st MOORE CR2E034 (10/06)