

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003335

FILED  
Feb 28, 2009  
Secretary of State

Entity Name: VERDUGO ENTERPRISES GROUP, INC.

## Current Principal Place of Business:

101 CONVENTION CENTER DR  
NCH  
LAS VEGAS, NV 89109

## New Principal Place of Business:

## Current Mailing Address:

2262 WINDCREST LAKE CIRCLE  
ORLANDO, FL 32824

## New Mailing Address:

FEI Number: 20-4714491

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ADAMS, JULIA  
2262 WINDCREST LAKE CR  
ORLANDO, FL 32824 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: D ( ) Delete  
Name: ADAMS, MICHAEL  
Address: 2077 G DIXIE BELLE DRIVE  
City-St-Zip: ORLANDO, FL 32812

Title: P ( ) Delete  
Name: ADAMS, VINCENT  
Address: 879 JAYNE PLACE  
City-St-Zip: BALDWIN, NY 11510

Title: CFO ( ) Delete  
Name: ADAMS, JULIA  
Address: 2262 WINDCREST LAKE CR  
City-St-Zip: ORLANDO, FL 32824

Title: S ( ) Delete  
Name: ADAMS, MICHAEL  
Address: 2077 G DIXIE BELLE DRIVE  
City-St-Zip: ORLANDO, FL 32812

Title: T ( ) Delete  
Name: ADAMS, MAURICE JR.  
Address: 319 COLONY COURT  
City-St-Zip: KISSIMMEE, FL 34758

## 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:

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: JULIA ADAMS

CFO

02/28/2009

Electronic Signature of Signing Officer or Director

Date