


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90016 040 ***150.00

DOCUMENT # P00000073549 1. Entity Name CUADRA MANAGEMENT CORP.	
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Principal Place of Business 330 REDWOOD LANE KEY BISCAIYNE, FL 33149 US	Mailing Address 330 REDWOOD LANE KEY BISCAIYNE, FL 33149 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 311 Eagle Lakes Dr Suite, Apt. #, etc.	4. FEI Number 65-1043694
City & State City: Friendswood TX	City & State City: Friendswood TX	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip: 77546 Country: USA	Zip: 77546 Country: USA	Applied For <input type="checkbox"/> Not Applicable



03042008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent DECUADRA, GRABRIEL M 330 REDWOOD LANE KEY BISCAIYNE, FL 33149	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN t1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DECUADRA, GABRIEL M 330 REDWOOD LANE KEY BISCAIYNE, FL 33149	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: X Gabriel de Cuadra 03-12-08 281-648-7916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #