2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000056719					FILED					
1. Entity Name VERDE PUMPING SERVICE, CORP.					08 APR 16 AM 8: 05					
			CO 15 IF			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
	ce of Business	Mailing Address	<u>-</u>			TALLAHASSEE, FLORIDA				
18731 NW 2 OPA LOCKA,		18731 NW 28TH PLAC OPA LOCKA, FL 33056							,	
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Principal Place of Business - No P.O. Box # 3. Mailing Address										
Z. Principal P	Place of Business - No P.U. Box #	3. Mailing Address	Matting Address							
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		03242008	Chg-P	CR2E034 (1	21067		
					03242006	Clig-P	CR2E034 (1	2/00)		
City & State		City & State	City & State		4. FEI Numbe				olied For	
Zip · Country		Zip	Zip Country		_ \$9.75				Applicable	
	·			,	5. Certificate	\$8.75 Additional Fee Required				
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	Registered Agent			
VERDE I	VERDE, JAVIER				Name					
251 SW 62ND AVE				Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL										
							1 -			
			City				FL ^z	ip Code	ı	
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 each										
the obligations of registered agent.										
SIGNATURESignature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	ogistare, types or printed name or registered agent	THO BOD II REPORTED TO	L. riogistaret	o wheek siftigense tedos et	o when romstading)	_	DATE			
FIL	E NOW!!! FEE IS \$150.00	9. Election Campai		cing _ \$5	.00 May Be led to Fées	•				
	ay 1, 2008 Fee will be \$550.0	Trust Fund Conti	ribution.	· 📙 Add	led to Fees					
10.	OFFICERS AND	DIRECTORS	11,		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRE	CTORS	IN 11	
TITLE	DP ·	☐ Delete	TITLE					hange	Addition	
NAME STREET ADDRESS	VERDE, JAVIER 251 SW 62ND AVE	NAI CTI								
CITY-ST-ZIP	MIAMI, FL 33144			ET ADDRESS -ST-ZIP	•					
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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.										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date										
Daytime Phone #										

204/17