

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90186 001 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000059951



1. Entity Name
TIERRA VERDE, INC.

Principal Place of Business
4361 SW 147 CT.
MIAMI, FL 33185

Mailing Address
4361 SW 147 CT.
MIAMI, FL 33185

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112008

Chg-P

CR2E034 (11/05)

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SNYDER, LESLIE I ESQ
28 W FLAGLER ST 11TH FL
MIAMI, FL 33130

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-issuing)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$850.00

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	☐ Delete
	PTD	LUZURIAGA, WALTER	LOS EUCALIPTOS 151 Y LOS NARANJOS	
			SANTO DOMINGO DE LOS COLOR,	
	VSD	VARGAS, NATALIA	LOS EUCALIPTOS 151 Y LOS NARANJOS	
			SANTO DOMINGO DE LOS COLOR,	

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	☐ Change ☐ Addition

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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER LUZURIAGA

Date

Daytime Phone #

13-03-06