

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90059 032 ***150.00

DOCUMENT # P05000072306 1. Entity Name VERANDA LAND DEVELOPMENT, INC.					
Principal Place of Business 120 E. PALMETTO PARK ROAD SUITE 410 BOCA RATON, FL 33432			Mailing Address 120 E. PALMETTO PARK ROAD SUITE 410 BOCA RATON, FL 33432		
2. Principal Place of Business - No P.O. Box # One Financial Plaza Suite, Apt. #, etc. Suite 102 City & State Ft. Lauderdale FL Zip 33394 Country USA		3. Mailing Address One Financial Plaza Suite, Apt. #, etc. Suite 102 City & State Ft. Lauderdale FL Zip 33394 Country USA		40074193 	
4. FEI Number 20-2872801				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOUGLAS, STEPHEN M 120 E. PALMETTO PARK ROAD SUITE 410 BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name Douglas Stephen M. Street Address (P.O. Box Number is Not Acceptable) One Financial Plaza Suite 102 City Ft. Lauderdale FL Zip Code 33394		
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 4-17-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D SIMIGRAN, KENNETH H 120 E PALMETTO PARK RD. #410 BOCA RATON, FL 33432	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	One Financial Plaza, Suite 102 Ft. Lauderdale FL 33394
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:			4-17-07 (954) 616-1113 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>		