

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000081271 1. Entity Name WILDWOOD MANAGEMENT, INC.	
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Principal Place of Business 100 SE 2ND STREET SUITE 2900 MIAMI, FL 33131	Mailing Address 100 SE 2ND STREET SUITE 2900 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent RODRIGUEZ, JOSE A 100 SE 2ND STREET SUITE 2900 MIAMI, FL 33131



03032008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5040153	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

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.

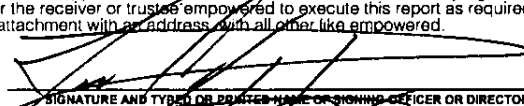
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000878957 04/11/08-80087-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CALVO, FABIAN 100 SE 2ND STREET, SUITE 2900 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, JOSE A 100 SE 2ND STREET, SUITE 2900 MIAMI, FL 33131
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**DO NOT WRITE
IN THIS SPACE**

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:  **3/17/08** **3054233426**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #