

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90022 013 \*\*\*150.00

**DOCUMENT # P06000130807**

1. Entity Name  
**VERDE MANAGEMENT CORP.**



Principal Place of Business  
**17126 NW 6 AVENUE  
MIAMI, FL 33169**

Mailing Address  
**P.O. BOX 347705  
MIAMI, FL 33234-7705**

40044400



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232007

Chg-P

CR2E034 (12/06)

4. FEI Number

**20-5806839**

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

**RODRIGUEZ, ALEX  
17126 NW 6 AVENUE  
MIAMI, FL 33169**

Name  
**CLIVE JACKSON**

Street Address (P.O. Box Number is Not Acceptable)

**17126 NW 6 Avenue**

City **Miami**

**FL** Zip Code  
**33169**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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 10

TITLE PS ☒ Delete  
NAME RODRIGUEZ, ALEX  
STREET ADDRESS 17126 NW 6 AVENUE  
CITY-ST-ZIP MIAMI, FL 33169

TITLE PS ☒ Change ☐ Addition  
NAME Jackson, Clive  
STREET ADDRESS 17126 NW 6 Avenue  
CITY-ST-ZIP Miami, FL 33169

TITLE V ☐ Delete  
NAME PEREZ, ALAN  
STREET ADDRESS 17126 NW 6 AVENUE  
CITY-ST-ZIP MIAMI, FL 33169

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Hamilton, Marcus G.  
STREET ADDRESS 17126 NW 6 Avenue  
CITY-ST-ZIP Miami, FL 33169

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*Clive Jackson* **Clive Jackson** 3/26/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #