


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 08, 2005 08:00 AM
Secretary of State**

| | |
|--|---|
| DOCUMENT # P96000072844 1. Entity Name NATION'S MANAGEMENT, INC. |  |
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|---|---|
| Principal Place of Business 4335 E. 9TH LN. HIALEAH, FL 33013 | Mailing Address 4335 E. 9TH LN. HIALEAH, FL 33013 |
|---|---|



03302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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|---|--|
| 4. FEI Number 65-0691671 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MILIAN, NORMA 4335 E. 9TH LN. HIALEAH, FL 33013 |
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IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP MILIAN, NORMA 4335 EAST 9TH LANE HIALEAH, FL 33013 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV PEREZ, JORGE L 7185 W. 2ND CT. HIALEAH, FL 33014 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST PEREZ, JOHN P 15391 SW 168 TER. MIAMI, FL 33187 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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04/08/05-80009-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Norma Milian* **NORMA MILIAN** 4-2-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #