

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90188 030 ***150.00

DOCUMENT # P96000072844

1. Entity Name
NATION'S MANAGEMENT, INC.



Principal Place of Business

4335 E. 9TH LN.
HIALEAH, FL 33013

Mailing Address

4335 E. 9TH LN.
HIALEAH, FL 33013

DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0691671

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MILIAN, NORMA
4335 E. 9TH LN.
HIALEAH, FL 33013

**DO NOT WRITE
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, 2007 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

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-2007

Date

Daytime Phone #

ATTACHMENT
TO WHOM IT MAY CONCERN: H0050545
#P96000072844

PLEASE MAKE THE CORRECTION
STATED BELOW.

DV

PEREZ, JORGE L.
4335 EAST 9 LANE
HIALEAH, FLA. 33013

THANK YOU,

George L Perez