

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722702

Entity Name: LAGO VERDE VILLAS, INC.**Current Principal Place of Business:**LAGO VERDE VILLAS, INC. C/O ROBERT FISS
3809 NE 170 STREET A7
NORTH MIAMI BEACH, FL 33160**Current Mailing Address:**LAGO VERDE VILLAS
PO BOX 613126
MIAMI, FL 33261 US**FEI Number:** 65-1261905**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NEW WAVE ACCOUNTING AND MANAGEMENT INC
NEW WAVE ACCOUNTING AND MANAGEMENT INC
1770 SANS SOUCI BLVD
NORTH MIAMI, FL 33181 US*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.***SIGNATURE:** MARGARITA GRU

03/13/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	LIMA, GIL
Address	NEW WAVE ACCOUNTING AND MANAGEMENT PO BOX 613126
City-State-Zip:	MIAMI FL 33261

Title	T
Name	SOTOLONGO, DAISY
Address	NEW WAVE ACCOUNTING AND MANAGEMENT PO BOX 613126
City-State-Zip:	MIAMI FL 33261

Title	VP
Name	CHARLES, JEFFERY
Address	NEW WAVE ACCOUNTING AND MANAGEMENT PO BOX 613126
City-State-Zip:	MIAMI FL 33261

Title	P
Name	FISS, ROBERT
Address	NEW WAVE ACCOUNTING AND MANAGEMENT PO BOX 613126
City-State-Zip:	MIAMI FL 33261

Title	DIRECTOR
Name	VALERIO, ADRIANO
Address	NEW WAVE ACCOUNTING AND MANAGEMENT PO BOX 613126
City-State-Zip:	MIAMI FL 33261

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT FISS

PRESIDENT

03/13/2021

Electronic Signature of Signing Officer/Director Detail

Date