

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H88001

**Entity Name:** PRADO MANAGEMENT, INC.**Current Principal Place of Business:**6625 VAN DYKE ROAD  
LUTZ, FL 33558**Current Mailing Address:**6625 VAN DYKE ROAD  
LUTZ, FL 33558 US**FEI Number:** 59-2899959**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MILLS, FREDERICK J.  
C/O MORRISON & MILLS, P.A.  
1200 W.PLATT ST, STE 100  
TAMPA, FL 33606 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	SD
Name	HERRERA, DAMARIK
Address	15204 ALEXIS DRIVE
City-State-Zip:	TAMPA FL 33624

Title	PD
Name	PRADO, JUAN C
Address	6712 ROSE LEA CR.
City-State-Zip:	LUTZ FL 33558

Title	VPD
Name	PRADO, JENIFER Z
Address	6712 ROSE LEA CR.
City-State-Zip:	LUTZ FL 33558

Title	VPD
Name	DEL CUETO, JUAN
Address	15129 SPRINGVIEW ST
City-State-Zip:	TAMPA FL 33624

Title	TREASURER, DIRECTOR
Name	ROMER, ANTHONY JOHN III
Address	17320 LINDA VISTA CIR
City-State-Zip:	LUTZ FL 33548

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANTHONY JOHN ROMER III

TREASURER

03/17/2025

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date