

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90181 037 ***150.00

DOCUMENT # P95000054506

1. Entity Name

VIDAL DESIGN ASSOCIATES, INC.



Principal Place of Business

511 ~~S.E. 32ND COURT~~
FORT LAUDERDALE FL 33316

Mailing Address

511 ~~S.E. 32ND COURT~~
FORT LAUDERDALE FL 33316



2. Principal Place of Business

1220 E. BROWARD BLVD.
Suite, Apt. #, etc.

3. Mailing Address

1220 E. BROWARD BLVD.
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

FT. LAUDERDALE, FL

Zip
33301

Country

USA

City & State

FT. LAUDERDALE FL

Zip
33301

Country

USA

4. FEI Number

65-0597635

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VIDAL, CHERYL
511 ~~SE 32ND COURT~~ 1220 E. BROWARD BLVD.
FORT LAUDERDALE FL ~~33316~~
33301

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 fee if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--|---------------------------------|
| TITLE | PVST | <input type="checkbox"/> Delete |
| NAME | VIDAL, CHERYL | |
| STREET ADDRESS | 511 SE 32ND COURT 1220 E. BROWARD BLVD | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33316 33301 | |
| TITLE | PVST | <input type="checkbox"/> Delete |
| NAME | VIDAL, CHERYL | |
| STREET ADDRESS | 511 SE 32ND COURT 1220 E. BROWARD BLVD. | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33316 33301 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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: Cheryl Vidal **CHERYL VIDAL** 4-15-06 954-610-1132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #