## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

(On a

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Apr 03, 2006 8:00 am Secretary of State DOCUMENT # P03000004505 04-03-2006 90365 048 \*\*\*150.00 1. Entity Name VJD ĆORP Principal Place of Business Mailing Address 52016 FŁORINADA BAY 52016 FLORINADA BAY **BOYNTON BEACH, FL 33436** BOYNTON BEACH, FL 33436 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 32-0053271 Not Applicable Zìp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SLORIA SCHNITZER, GERALDS 2455 B SUNRISE BLVD X502 FT LAUDERDALE, FL 33394 Zip Code 33436 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MORRA, DOMINIC NAME STREET ADDRESS 52016 FLORINADA BAY STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33436 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MORRA, GLORIA NAME NAME 52016 FLORINADA BAY STREET ADDRESS STREET ADDRESS BOYNTON BEACH, FL 33436 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 in changed, or on an attachment with an address, with all other like empowered.

2-6-06 Date

**FILED**