

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90088 032 ***150.00

DOCUMENT # 293907

1. Entity Name

VALERIE INCORPORATED



Principal Place of Business

4100 GALT OCEAN DRIVE
APARTMENT #210
FORT LAUDERDALE FL 33308

Mailing Address

4100 GALT OCEAN DRIVE
APARTMENT #210
FORT LAUDERDALE FL 33308



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1146217

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

SCISCENT, GERALD L
4100 GALT OCEAN DR
#210
FORT LAUDERDALE FL 33308

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

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 VD ☐ Delete
NAME SCISCENT, RONALD D
STREET ADDRESS 4100 GALT OCEAN DR. #210
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE PD ☒ Delete
NAME SCISCENT, LUELLA M
STREET ADDRESS 4100 GALT OCEAN DR. #210
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE SD ☐ Delete
NAME SCISCENT, GERALD L
STREET ADDRESS 4100 GALT OCEAN DR #210
CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME SCISCENT, RONALD D
STREET ADDRESS 4100 GALT OCEAN DR. #210
CITY-ST-ZIP FT. LAUDERDALE, FL 33308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Change ☐ Addition
NAME SCISCENT, GERALD L
STREET ADDRESS 4100 GALT OCEAN DR #210
CITY-ST-ZIP FT. LAUDERDALE, FL 33308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Marcus L. Sciscient

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-2006

Date

646-221-6042

Daytime Phone #