2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 347564

1. Entity Name
VINCENT-PEARSON INC

Principal Place of Business	Mailing Address
7480 S.W. 136 ST.	7480 S.W. 136 ST.
MIAMI, FL 33156	MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

08072006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1288649	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHIELDS, FRED
7480 S.W. 136 ST.
MIAMI, FL 33156

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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 title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $550.00 **Due by September 6, 2006**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	SHIELDS, FRED
STREET ADDRESS	7480 S.W. 136 ST.
CITY-ST-ZIP	MIAMI, FL

TITLE	SD
NAME	SHIELDS, LILLIAN
STREET ADDRESS	7480 S.W. 136 ST.
CITY-ST-ZIP	MIAMI, FL

TITLE	D
NAME	SHIELDS, FRED P.
STREET ADDRESS	13430 SW 78 CT
CITY-ST-ZIP	MIAMI, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000575131
08/24/06-80001-020 550.00

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IN THIS SPACE

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Lillian Shields_   Aug. 18, 2006   (305) 235-7430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #