

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90187 042 ***150.00

DOCUMENT # 375005

1. Entity Name

Vestige, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8700 N.W. 1st Ave.
Suite, Apt. #, etc.

3. Mailing Address

8700 N.W. 1st Ave.
Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

59-1399096

Applied For

Not Applicable

Zip

33150

Country

None

Zip

33150

Country

None

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Earl J. Carroll

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

8700 N.W. 1st Ave.

City

Miami

FL

Zip Code

33150

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Earl J. Carroll
8700 N.W. 1st Ave.
Miami, FL 33150

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Tasha P. Carroll - Secretary
8700 N.W. 1st Ave.
Miami, FL 33150

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Treasurer
Awana U. Carroll
8700 N.W. 1st Ave.
Miami, FL 33150

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SIGNATURE:

Earl J. Carroll

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

Date 5-1-06 Daytime Phone 305 754 5347

ATTACHMENT

50019009
875085

VESTIGE INC
8700 NW 1ST AVE
MIAMI FL 33150

Request taken by: rawoodall
04-13-2006

The forms you recently requested from this office are:

- (1) 201. COR Profit A/R

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314