

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90104 022 ***150.00

DOCUMENT # 447291

1. Entity Name
DART CANVAS PRODUCTS, INC.



Principal Place of Business
**775 TAYLOR LANE
DANIA BEACH, FL 33004**

Mailing Address
**775 TAYLOR LANE
DANIA BEACH, FL 33004**

40003667



DO NOT WRITE IN THIS SPACE

01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1513740	Applied For Not Applicable
------------------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

**FRUSTERIO, JOYCE
775 TAYLOR LANE
DANIA BEACH, FL 33004**

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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	PST FRUSTERIO, JOYCE 5434 SW 25TH AVE DANIA BEACH, FL 33312
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRUSTERIO, SAM J 5434 SW 25TH AVE DANIA BEACH, FL 33312
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARK NEWETT 4932 SW 43RD TERR. DANIA BEACH, FL 33314
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRIAN FRUSTERIO 341 N BIRCH RD, APT 311 FT LAUDERDALE, FL 33316
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTONGUAY, MARC 5770 SW 35TH WAY FT LAUDERDALE, FL 33312
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

**DO NOT WRITE
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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sam J. Frusterio

Date

Daytime Phone #

1-12-06 954-920-2275