

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000000065

1. Entity Name
ALCENA DESIGN STUDIO INC.



Principal Place of Business
37 DAVIS AVENUE
WHITE PLAINS, NY 10605

Mailing Address
37 DAVIS AVENUE
WHITE PLAINS, NY 10605



04292006 No Chg-P CR2E034 (11/05)

4. FEI Number
61-1455909

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ALCENA, JUANITA
9023 PARK DRIVE
MIAMI SHORES, FL 33138

**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**

UG00000562998
05/19/06-80078-005 150.00

10. OFFICERS AND DIRECTORS

TITLE
CP
NAME
ALCENA, VALIERE
STREET ADDRESS
37 DAVIS AVENUE
CITY - ST - ZIP
WHITE PLAINS, NY 10605

TITLE
DVST
NAME
ALCENA, JUANITA
STREET ADDRESS
9023 PARK DRIVE
CITY - ST - ZIP
MIAMI SHORES, FL 33138

TITLE
NAME
STREET ADDRESS
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CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/06 914-682-8020