

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2006 8:00 am
Secretary of State

06-06-2006 90014 016 ***150.00

DOCUMENT # F98000001856

1. Entity Name
AEO INC OF TEXAS



Principal Place of Business

8253 SUNSET STRIP
SUNRISE, FL 33322

Mailing Address

8253 SUNSET STRIP
SUNRISE, FL 33322

00061078



06012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2384001

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ORCINOLO, ANTHONY
~~2448 NAW 62ND ST.~~ *3246-N/E 15th Street*
~~BOCA RATON, FL 33496~~ *POMPANO BEACH FL 33062*

**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 \$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 **P**
NAME **ORCINOLO, ANTHONY**
STREET ADDRESS *3246-N/E 15th Street*
CITY-ST-ZIP *POMPANO BEACH FL 33062*

TITLE **S**
NAME **ORCINOLO, JOSEPHINE**
STREET ADDRESS *3246-N/E 15th Street*
CITY-ST-ZIP *POMPANO BEACH FL 33062*

TITLE **D**
NAME **ORCINOLO, ANTHONY JR**
STREET ADDRESS **1630 N OCEAN BLVD**
CITY-ST-ZIP **POMPANO, FL 33062**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Anthony Orcinolo **ANTHONY ORCINOLO**

5/30/06 **954-9434861**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

50021078
#F98000001856

* Never Received Renewal
Forms. Post Office was
informed about Change of Address.

Anthony Okeowo
Anthony Okeowo
