

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # L45073
1. Entity Name
SIGN DEVELOPMENT CORPORATION



Principal Place of Business
**8240 W FLAGLER ST
MIAMI, FL 33144 US**

Mailing Address
**8240 W FLAGLER ST
MIAMI, FL 33144 US**



02052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0168240	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**POPPELIERS, BURT
9042 SW 62ND TERR
MIAMI, FL 33173-1670**

**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	D POPPELIERS, BURT 9042 SW 62ND TERR MIAMI, FL 331731670
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZALDUONDO, ARTHUR 4111 UNIVERSITY DR. CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/27/06 305-227-6250

Date

Daytime Phone #