

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 31, 2005 8:00 am**  
**Secretary of State**

08-31-2005 90013 007 \*\*\*150.00

<b>DOCUMENT # M53369</b>	
1. Entity Name <b>SIGNOLA CORP.</b>	



Principal Place of Business <b>3172 N.W. 75TH STREET MIAMI, FL 33147</b>	Mailing Address <b>3172 N.W. 75TH STREET MIAMI, FL 33147</b>
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**50064244**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08232005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2816235</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>DURAND, ELIZABETH 19810 N.W. 38TH PL. CAROL CITY, FL 33055</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AD DURAND, ELLER E 19810 N.W. 38 PL. CAROL CITY, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DURAND, ELIZABETH B 19810 NW 38TH PL CAROL CITY, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DURAND, HENDRICK 19810 N.W. 38 PL. CAROL CITY, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DURAND, ELLER E 4808 N.W. 113TH AVENUE CORAL SPRINGS, FL. 33076 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DURAND, ELIZABETH B 4808 N.W. 113TH AVENUE CORAL SPRINGS, FL. 33076 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M/D/S/T DURAND, HENDRICK 4808 N.W. 113TH AVENUE CORAL SPRINGS, FL. 33076 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE <i>Hendrick Durand</i>	08/29/05	305.696.5263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

ATTACHMENT SD064244  
HM53369

TO WHOM THIS CONCERNS,

My name is Hendrick Durand owner of  
SIGNOLA CORPORATION. I AM WRITING THIS LETTER TO  
INFORM YOU THAT I DID NOT RECEIVE THE FIRST NOTICE  
OF 2005 ANNUAL REPORT. I WILL NEED THE LATE FEE WAIVED  
BECAUSE I DID NOT RECEIVE PRIOR NOTICE.

THANK YOU,  
Hendrick Durand