## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-DP

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NAME
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TITLE
NAME
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CITY-ST-ZP

## Apr 12, 2006 08:00 AM Secretary of State **DOCUMENT # P00000048338** Entity Name VIDAL MOVING & STORAGE, INC. Principal Place of Business Malling Address 270 NORTHEAST 70 STREET 270 NORTHEAST 70 STREET MIAMI, FL 33138 MIAMI, FL 33138 02282006 No Cho-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1009481 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent VIDAL, ELXENIO DO NOT WRITE 270 NE 70 ST. MIAMI, FL 33138 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 8. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE VIDAL, EUGENIO A NAME STREET AUTORESS 270 NORTHEAST 70 STREET 11000000502711 CITY-ST-ZIP MIAMI, FL 33138 04/26/06-80004-003 150.00 TISLE NAME VIDAL, FANNY Y STREET ADDRESS 270 NORTHEAST 70 STREET CITY-ST-ZIP MIAMI, FL 33138 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE HAME STREET ACCRESS

FILED

12. I hereby certify that the information supplied with this filling 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 it 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if champed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	Eugenio	rkely	4.6.0	260	
	BIGNATURE AND TYPED OR PRINTE	D NAME OF SIC	INING OFFICER OR DIRECTOR	Date	Daylima Phone é