


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90048 003 \*\*\*150.00

<b>DOCUMENT # P01000080164</b> 1. Entity Name <b>PVC FENCE DEPOT, INC.</b>					
Principal Place of Business <b>4603 S.W. 44TH AVENUE</b> <b>DANIA BEACH, FL 33314 US</b>			Mailing Address <b>4603 S.W. 44TH AVENUE</b> <b>DANIA BEACH, FL 33314 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1400 NW 23<sup>RD</sup> AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>1400 NW 23<sup>RD</sup> AVE</b> Suite, Apt. #, etc.			
City & State <b>FORT LAUDERDALE FL</b>		City & State <b>FORT LAUDERDALE FL</b>		4. FEI Number <b>65-1129968</b>	
Zip <b>33311</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GAVET, ARNAUD</b> <b>4603 SW 44TH AVE.</b> <b>DANIA BEACH, FL 33314</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GAVET, PHILIPPE 4603 SW 44TH AVENUE FT LAUDERDALE, FL 33314	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GAVET, PHILIPPE 1400 NW 23 <sup>RD</sup> AVE FORT LAUDERDALE FL 33311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST GAVET, ARNAUD 4603 SW 44TH AVE. DANIA BEACH, FL 33314	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST GAVET ARNAUD 1400 NW 23 <sup>RD</sup> AVE FORT LAUDERDALE FL 33311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	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"/> Delete	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 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					

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