

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90007 021 ***150.00

DOCUMENT # P02000111147

1. Entity Name

V.A.C.L. NARDI CORPORATION



Principal Place of Business

777 E. ATLANTIC AVENUE
DELRAY BEACH FL 33483

Mailing Address

777 E. ATLANTIC AVENUE
DELRAY BEACH FL 33483

2. Principal Place of Business

777 E ATLANTIC AVE

Suite, Apt. #, etc.

3. Mailing Address

777 E ATLANTIC AVE

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH FL

Zip

33483

Country

Zip

33483

Country

4. FEI Number

26-0056058

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NARDI, VINCENT
777 E. ATLANTIC AVENUE
DELRAY BEACH FL 33483

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

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 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME GERVAISE, CINZIA
STREET ADDRESS 9953 THREE LAKES CIRCLE
CITY-ST-ZIP BOCA RATON FL 33428-6207

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSD ☐ Delete
NAME NARDI, VINCENT
STREET ADDRESS 9953 THREE LAKES CIRCLE
CITY-ST-ZIP BOCA RATON FL 33428-6207

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-4-04

Date

(561) 921 0422

Daytime Phone #