

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2006 8:00 am
Secretary of State

04-26-2006 90173 027 ***158.75



1st MOORE CR2E034 (10/05)

DOCUMENT # P0200011147			
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. C1		3. Mailing Address 777 E ATLANTIC Suite, Apt. #, etc. E1	
City & State Del Ray FL		City & State Del Ray FL	
4. FEI Number 26-0056058		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
8. Name and Address of Current Registered Agent NARDI, VINCENT 777 E. ATLANTIC AVENUE DELRAY BEACH FL 33483		7. Name and Address of New Registered Agent	
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		DATE 5-7-06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check, Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GERVASE, CINZIA 9953 THREE LAKES CIRCLE BOCA RATON FL 33428-6207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:		DATE 5-7-06 9210422	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	