

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000144629

1. Entity Name
FD EMBROIDERY INC.



Principal Place of Business
99 N W 85 ST
MIAMI, FL 33150

Mailing Address
99 N W 85 ST
MIAMI, FL 33150



04292006 No Chg-P CR2E034 (11/05)

4. FEI Number
41-2156272

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TROBRIDGE, JOYCE S
99 N W 85 ST
MIAMI, FL 33150

**DO NOT WRITE
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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE T
NAME TROBRIDGE, JEROME
STREET ADDRESS 5840 N.W. 31 AVE
CITY-ST-ZIP MIAMI, FL 33147

TITLE S
NAME TROBRIDGE, BEATRICE
STREET ADDRESS 5840 N.W. 31 AVE
CITY-ST-ZIP MIAMI, FL 33147

TITLE CEO
NAME TROBRIDGE, JOYCE
STREET ADDRESS 99 N W 85 ST
CITY-ST-ZIP MIAMI, FL 33150

TITLE D
NAME WRIGHT, DORINE
STREET ADDRESS 5830 NW 7 CT
CITY-ST-ZIP MIAMI, FL 33127

TITLE D
NAME STANLEY, HENDREX
STREET ADDRESS 5830 NW 7 CT
CITY-ST-ZIP MIAMI, FL 33127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000559803
05/18/06-80018-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joyce Trobridge Joyce Trobridge 4/29/06 3057517041