

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # P05000090211

1. Entity Name
PUBLI SIGNS, INC.



Principal Place of Business
**1001 N. FEDERAL HIGHWAY
SUITE 349
HALLANDALE, F 33009 US**

Mailing Address
**1001 N. FEDERAL HIGHWAY
SUITE 349
HALLANDALE, F 33009 US**



03262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3532240

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BERNSTEIN, JEFFREY A ESQ.
100 N. BISCAYNE BLVD.
SUITE 1001
MIAMI, FL 33132**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BENSADON, GERARD
STREET ADDRESS	53 ROGER PILON, DOLLARD-DES-ORMEAUX
CITY-ST-ZIP	QUEBEC, CANADA, CA H9B 1A9
TITLE	VP
NAME	BENSADON, MONIQUE
STREET ADDRESS	53 ROGER PILON, DOLLARD-DES-ORMEAUX
CITY-ST-ZIP	QUEBEC, CANADA, CA H9B 1A9
TITLE	S
NAME	BANON, VALERIE
STREET ADDRESS	279 HYMAN DRIVE, DOLLARD-DES-ORMEAUX
CITY-ST-ZIP	QUEBEC, CANADA, CA H9B 1LS
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000731343
05/09/07-80001-017 150.00

**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

04/19/07

Date

954-749-8802

Daytime Phone #