

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90336 040 ***150.00

DOCUMENT # P05000094187

1. Entity Name
C. NEGRO, INC.



Principal Place of Business
**5442A LAKEWOOD CIR.
MARGATE, FL 33063**

Mailing Address
**5442A LAKEWOOD CIR.
MARGATE, FL 33063**

50010735

2. Principal Place of Business

713 SW BOND ROAD
Suite, Apt. #, etc.

3. Mailing Address

713 SW BOND ROAD
Suite, Apt. #, etc.

04052006

Chg-P

CR2E034 (11/05)

City & State

PORT ST. LUCIE FL

City & State

PORT ST. LUCIE FL

4. FEI Number

55-0900779

Applied For

Not Applicable

Zip

34953

Country

USA

Zip

34953

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NEGRO, CARLOS F
5442A LAKEWOOD CIR.
MARGATE, FL 33063**

7. Name and Address of New Registered Agent

Name **CARLOS F. NEGRO**

Street Address (P.O. Box Number is Not Acceptable)

713 SW BOND ROAD

City

PORT ST. LUCIE

FL

Zip Code

34953

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 **PD** ☐ Delete
NAME **NEGRO, CARLOS F**
STREET ADDRESS **5442A LAKEWOOD CIR.**
CITY - ST - ZIP **MARGATE, FL 33063**

TITLE **VD** ☐ Delete
NAME **NEGRO, MARIA L**
STREET ADDRESS **5442A LAKEWOOD CIR.**
CITY - ST - ZIP **MARGATE, FL 33063**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **713 SW BOND ROAD**
CITY - ST - ZIP **PORT ST. LUCIE, FL 34953**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **713 SW BOND ROAD**
CITY - ST - ZIP **PORT ST. LUCIE, FL 34953**

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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 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:

Carlos Negro Alvar President. 04/06/06. (954) 214-2912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #