2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
May 08, 2006 8:00 am
Secretary of State
04-18-2006 90087 002 ***150.00

DOCUMENT # P05000103329

1. Entity Name

VEDADO OF PALM BEACHES, INC.

Principal Place of Business	Mailing Address
2403 10TH AVE. NORTH LAKE WORTH FL 33461 US	4766 SUNNY PALMS CIRCLE #2D WEST PALM BEACH FL 33415

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
1336 South Military trail	
Suite, Apt. #, etc.: # F	Suite, Apt. #, etc.
City & State: West Palm Beach, FL.	City & State
Zip: 33415 Country: USA	Zip Country

4. FEI Number: 20-3180446 ☐ 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
MILIAN, MARITZA 2403 10TH AVE. NORTH LAKE WORTH FL 33461	Name: Maritza Milian Street Address (P.O. Box Number is Not Acceptable): 1336 S. Military Trail suite F City: W. P.B. FL Zip Code: 33415

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: Maritza Milian 4/08/06
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
Make Check Payable to Florida Department of State

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	D ☐ Delete	TITLE	D. ☒ Change ☐ Addition
NAME	MILIAN, MARITZA M	NAME	Maritza Milian
STREET ADDRESS	2403 10TH AVE NORTH	STREET ADDRESS	1336 S. Military trail suite F
CITY-ST-ZIP	LAKE WORTH FL 33461	CITY-ST-ZIP	W.P.B. FL 33415
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Maritza Milian 4/08/06 (561)4327424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #