

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2006 8:00 am
Secretary of State

03-28-2006 90127 035 ***150.00

DOCUMENT # P05000153788

1. Entity Name

V.D.L. SHINES, INC.



Principal Place of Business

11133 PACIFICA STREET
WELLINGTON FL 33467

Mailing Address

11133 PACIFICA STREET
WELLINGTON FL 33467

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)



4. FEI Number

20-3836647

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROMANO, VALENTINE
11133 PACIFICA STREET
WELLINGTON FL 33467

7. Name and Address of New Registered Agent

Name ROMANO VALENTINE

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

11133 PACIFICA STREET

City WELLINGTON

FL

Zip Code 33467

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 must be printed name of registered agent and not a corporation

(NOTE: Registered Agent signature required when filing this report)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROMANO, VALENTINE	
STREET ADDRESS	11133 PACIFICA STREET	
CITY- ST- ZIP	WELLINGTON FL 33467	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROMANO, DOMINICK	
STREET ADDRESS	11133 PACIFICA STREET	
CITY- ST- ZIP	WELLINGTON FL 33467	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROMANO, LOUIS	
STREET ADDRESS	11133 PACIFICA STREET	
CITY- ST- ZIP	WELLINGTON FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Valentine Romano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-6

Date

Daytime Phone #