

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90243 035 ***150.00

DOCUMENT # P06000130815

1. Entity Name

VIDVAL CO



Principal Place of Business

9761 ROCHE PLACE
WELLINGTON FL 33414

Mailing Address

9761 ROCHE PLACE
WELLINGTON FL 33414

2. Principal Place of Business - No P.O. Box #

824 IMPERIAL LAKES RD

3. Mailing Address

P.O. BOX 18623

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH

City & State

WEST PALM BEACH

Zip

33413 USA

Country

Zip

33416

Country

USA

4. FEI Number

20-5536254

Applied For

Not-Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VIDAURRE, VERONICA
9761 ROCHE PLACE
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name VERONICA VIDAURRE

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

824 IMPERIAL LAKE ROAD

City WEST PALM BEACH

FL

Zip Code

33413

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 submitting)

02/25/08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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 D ☐ Delete
NAME VIDAURRE, VERONICA
STREET ADDRESS ~~9761 ROCHE PLACE~~ 824 IMPERIAL LAKES RD
CITY-ST-ZIP WELLINGTON FL 33414 WPB, FL 33413

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME ~~VERONICA VIDAURRE~~
STREET ADDRESS ~~9761 ROCHE PLACE~~ N/A
CITY-ST-ZIP ~~WELLINGTON FL 33414~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/25/08

DATE

561-827-0341

DAYTIME PHONE