

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000060547

1. Entity Name

SIGNED, SEALED & DELIVERED, INC.



Principal Place of Business

938 FLAMINGO LAKE DR
WEST PALM BEACH, FL 33406

Mailing Address

PO BOX 15255
WEST PALM BEACH, FL 33416



06022008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0435749

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESTORNELL, OLGA
938 FLAMINGO LAKE DR.
WEST PALM BEACH, FL 33406

**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 \$550.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000952815
06/05/08-80003-018 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME ESTORNELL, OLGA
STREET ADDRESS 938 FLAMINGO LAKE DR.
CITY-ST-ZIP WEST PALM BEACH, FL 33406

TITLE VP
NAME DIAZ, CARLOS
STREET ADDRESS 938 FLAMINGO LAKE DRIVE
CITY-ST-ZIP WEST PALM BEACH, FL 33406

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #