

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90351 004 ***150.00

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1. Entity Name
TALY INCORPORATED



Principal Place of Business
**4728 SW 39TH WAY
FORT LAUDERDALE, FL 33312**

Mailing Address
**3120 W HALLANDALE BEACH BLVD #226
HALLANDALE, FL 33009**



2. Principal Place of Business
4001 SW 59 AVE

3. Mailing Address
4001 SW 59 AVE

03292006 Chg-P CR2E034 (11/05)

City & State
HOLLYWOOD FL

City & State
HOLLYWOOD FL

4. FEI Number
65-0660330

Applied For
Not Applicable

Zip Country
33023 US

Zip Country
33023 US

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LADOUCEUR, JOSEE
3120 W HALLANDALE BEACH BLVD #226
HALLANDALE, FL 33009**

7. Name and Address of New Registered Agent

Name **TALY INC.**

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

4001 SW 59 AVE

City **HOLLYWOOD**

FL

Zip Code **33023**

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 LADOUCEUR, JOSEE
STREET ADDRESS 3120 W HALLANDALE BEACH BLVD #226
CITY-ST-ZIP HALLANDALE, FL 33009

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME LADOUCEUR, JOSEE
STREET ADDRESS 4001 SW 41st
CITY-ST-ZIP HOLLYWOOD FL 33023

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

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

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

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:

Josee Ladouceur, JOSEE LADOUCEUR

Date

Daytime Phone #

3/29/06