2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED - Mar 02, 2007_08:00 A Secretary of State DOCUMENT # P97000016044 1. Entity Namo NANCY ALBERT DESIGNS, INC. Principal Place of Business Mailing Address 900 E. HILLSBORO BLVD. DEERFIELD BEACH FL 33441 900 E. HILLSBORO BLVD. DEERFIELD BEACH FL 33441 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 910 E, HILLS bOLO BLYD Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/06) Applied For City & Stato City & State 4. FEI Numbor 65-0731579 DURETIELD BOACH, EL Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33441 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALBERT J. SERRA SERRA, ALBERT J Street Address (P.O. Box Number is Not Acceptable) 900 E. HILLSBORO BLVD. DEERFIELD BEACH FL 33441 CHDEERFIELD Zip Code 33441 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. † am familiar with, and accept the obligations of registered agent 2-5-07 ar e of registered agent and title i' applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. IIILE ☐ Delete THE ☐ Change Addition SERRA, ALBERT J NAME NAME 900 E. HILLSBORO BLVD. STRLET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33441 CITY-S1-ZIP CITY-SI-7IP U000000<u>65</u>3599 03/13/07-80028-016 chande, 00□ Addition ШЕ Delete TITLE NAME. NAME STRLET ADORESS STREET ADDRESS CHY-ST-ZIP CHY- \$1-7IP DILE Delete TITLE Change Addition NAMI NAMI STREET ADDRESS STREET ADDRESS CITY ST- AP CITY-ST-7IP Defete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-S1-ZIP ☐ Delete ☐ Change Addition HILL NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY - ST- ZIP THE ☐ Delete TITLI, Change Addition NAME NAME STREET ADDRESS STREET ADORESS CHY-S1-7IP CITY-ST-7IP 12. I horoby 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.