

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000097995

1. Entity Name
VIE & ART COLLECTIONS, INC.



Principal Place of Business
441 N.E. 195TH STREET
#304
N. MIAMI BEACH, FL 33179

Mailing Address
P.O. BOX 530194
MIAMI SHORES, FL 33153



04212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0877133

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VIARD, EMILE
441 NE 195TH ST
#304
NORTH MIAMI BEACH, FL 33179

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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 \$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 P
NAME VIARD, EMILE
STREET ADDRESS 441 NE 195TH ST #304
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179

TITLE T
NAME FRANCE, ALCENA
STREET ADDRESS 6930 S.W. 24TH STREET
CITY-ST-ZIP MIRAMAR, FL 33023

TITLE SV
NAME GUILLAUME, MARTINE
STREET ADDRESS 525 NE 107TH ST
CITY-ST-ZIP MIAMI, FL 33161

TITLE MD
NAME VIARD, JEAN-YVES
STREET ADDRESS 525 NE 107TH ST
CITY-ST-ZIP MIAMI, FL 33161

TITLE S
NAME GUILLAUME, ANDRE
STREET ADDRESS 525 N.E. 107 STREET
CITY-ST-ZIP MIAMI, FL 33161

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/06 (305) 759-3050
Date Daytime Phone