


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 510411
 1. Entity Name
 PINARAMA BOWLING LANES, INC.



Principal Place of Business _____ Mailing Address _____
 5008 S. DALE MABRY _____ 5008 S. DALE MABRY _____
 TAMPA, FL 33611 US _____ TAMPA, FL 33611 US _____

DO NOT WRITE IN THIS SPACE



03232005 No Chg-P CR2E034 (10/03)

4. FEI Number _____ Applied For _____
 59-1705387 _____ Not Applicable _____
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LARRINAGA, R. MICHAEL
 PAZOS & LARRINAGA LAW GROUP, P.A.
 5025 E. FOWLER AVE., SUITE 14
 TAMPA, FL 33617

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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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

UN00000286634
 04/04/05-80035-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TORREALDAY, JAVIER R. 4413 WEST NORTH STREET TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HERRITT, JAMES RUSSELL 603 SOUTH MELVILLE, APT. #1 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: J. Torrealday - JAVIER TORREALDAY 03/28/05 (813) 835-7665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #