


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

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

Principal Place of Business 5008 S. DALE MABRY TAMPA, FL 33611 US	Mailing Address 5008 S. DALE MABRY TAMPA, FL 33611 US
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01112008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1705387	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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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 02/27/08-80047-008 150.00

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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: J. Torrealday 02/16/08 813-835-7665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #