


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000105474  
 1. Entity Name  
 CHEF PAPA, INC.



Principal Place of Business      Mailing Address  
 122 EAST ORANGE AVE.      122 EAST ORANGE AVE.  
 DAYTONA BEACH, FL 32114      DAYTONA BEACH, FL 32114



04222008      No Chg-P      CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 59-3748957      Not Applicable

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

6. Name and Address of Current Registered Agent  
 PAPA, THOMAS  
 1550 FRANKLIN CIRCLE  
 HOLLY HILL, FL 32117

**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.            \$5.00 May Be Added to Fees

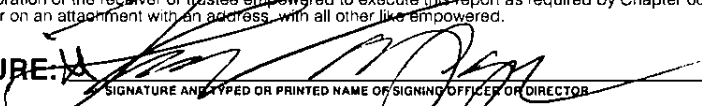
U00000941335  
 05/28/08-80103-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	PAPA, THOMAS
STREET ADDRESS	1550 FRANKLIN CIRCLE
CITY-ST-ZIP	HOLLY HILL, FL 32117
TITLE	VPS
NAME	PAPA, CALLIE
STREET ADDRESS	1550 FRANKLIN CIRCLE
CITY-ST-ZIP	HOLLY HILL, FL 32117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE 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 like empowered.

SIGNATURE:       Date: 5/28/08      Daytime Phone #