


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


**FILED
Mar 31, 2005 08:00 AM
Secretary of State**

DOCUMENT # P04000004493
1. Entity Name
ALFREDO PARADISO, INC.



Principal Place of Business Mailing Address
217 CROCKETT BLVD 217 CROCKETT BLVD
MERRITT ISLAND, FL 32953 MERRITT ISLAND, FL 32953

DO NOT WRITE IN THIS SPACE



02142005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0543249	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GIULIO, ALFREDO
3229 BRENTWOOD LN
MELBOURNE, FL 32934

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

**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

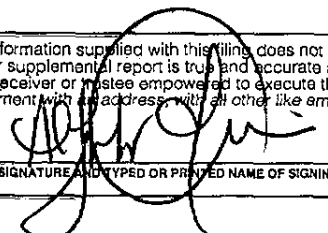
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT GIULIO, ALFREDO 3229 BRENTWOOD LN MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS GIULIO, ERMELINDA 3229 BRENTWOOD LN MELBOURNE, FL 32934
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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)(f), 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:  ALFREDO GIULIO 3/27/05 321 453 6119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #