


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 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**



02132006      No Chg-P      CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent  
 GIULIO, ALFREDO  
 3229 BRENTWOOD LN  
 MELBOURNE, FL 32934

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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 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 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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 03/04/06-80043-003 150.00

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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: Alfredo Giulio      **ALFREDO GIULIO**      2/16/05      321-8453-6119  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #