


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90176 050 ***150.00

DOCUMENT # P04000096362

1. Entity Name
MOLESTINA CORPORATION



Principal Place of Business
**3306 W SPRUCE ST
 TAMPA FL 33607**

Mailing Address
**3306 W SPRUCE ST
 TAMPA FL 33607**



2. Principal Place of Business
14402 AUDUBON TRACE

3. Mailing Address
14402 AUDUBON TRACE

Suite, Apt. #, etc.
1101

1st MOORE CR2E034 (10/05)

City & State
TAMPA, FLORIDA

City & State
TAMPA, FLORIDA

4. FEI Number **AP-PLIED FOR**

Applied For
 Not Applicable

Zip **33613** Country

Zip **33613** Country

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

6. Name and Address of Current Registered Agent

**JARAMILLO, ANNABELLE B
 3306 W SPRUCE ST
 TAMPA FL 33607**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	JARAMILLO, ANNABELLE B	
STREET ADDRESS	3306 W SPRUCE ST	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOLESTINA, MARY A	
STREET ADDRESS	3306 W SPRUCE ST	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	<input type="checkbox"/> Delete
NAME	OSCAR, CAMACHO	
STREET ADDRESS	3306 W SPRUCE ST	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARAMILLO, ANNABELLE B	
STREET ADDRESS	14402 AUDUBON TRACE # 1101	
CITY-ST-ZIP	TAMPA, FLORIDA - 33613	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLESTINA, MARY A	
STREET ADDRESS	14402 AUDUBON TRACE # 1101	
CITY-ST-ZIP	TAMPA, FLORIDA 33613	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMACHO, OSCAR	
STREET ADDRESS	14402 AUDUBON TRACE # 1101	
CITY-ST-ZIP	TAMPA, FLORIDA 33613	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **ANNABELLE JARAMILLO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/13/06** Daytime Phone #: **813 990 0253**