

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90023 032 \*\*\*150.00

**DOCUMENT # P01000023958**

1. Entity Name

PAVILION FOOD BAZAAR, INC.



Principal Place of Business

4135 MLK BLVD  
FORT MYERS FL 33916

Mailing Address

721 SE 43RD TERRACE  
CAPE CORAL FL 33904

2. Principal Place of Business

3. Mailing Address

5414 Pelican Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Cape Coral, FL

Zip

Country

Zip

Country

33914

Lee

4. FEI Number

65-1085384

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLLO, JOSEPH J  
721 SE 43RD TERRACE  
CAPE CORAL FL 33904

Name

Joseph J. Hollo

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

5414 Pelican Blvd

City

Cape Coral

FL

Zip Code

33914

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PST ☐ Delete  
NAME HOLLO, KIMBERLY A  
STREET ADDRESS 721 SE 43RD TERR.  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Kimberly A. Hollo* Kimberly A. Hollo

2-15-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #