

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 198304					
1. Entity Name PADERO, INC.					
Principal Place of Business 9190 SW ACKEL DR STUART FL 34997			Mailing Address 9190 SW ACKEL DR STUART FL 34997		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-0972807 ☐ 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	
ACKEL, THOMAS S JR. 9190 SW ACKEL DR STUART FL 34997				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 _____ (NOTE: Registered Agent signature required when re-registering) _____ 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE	☐ Change	☐ Add
NAME	ACKEL, THOMAS S JR.		NAME		
STREET ADDRESS	9190 S.W. ACKEL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34997		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change	☐ Add
NAME	ACKEL, THOMAS S III		NAME		
STREET ADDRESS	1500 S.E. 15TH STREET., APT 212		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33316		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change	☐ Add
NAME	ACKEL, DIANA Z		NAME		
STREET ADDRESS	5117 S.W. ANHINGA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 34990		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change	☐ Add
NAME	ACKEL, BARBARA		NAME		
STREET ADDRESS	151 N.E. 16TH AVENUE., APT 1316		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Add
NAME	RUGGIERI, MARY V		NAME		
STREET ADDRESS	25189 MARION AVENUE., UNIT 1040		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL 33950		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Thomas S. Ackel, Jr.</u> THOMAS S. ACKEL, JR.				Date: <u>2/7/06</u> 722-287-07 Daytime Phone #	