ANNUAL REPORT (AR)

DOCUMENT # 198304

1. Entity Name

PADERO, INC.

FILED
Feb 22, 2007 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
9190 SW ACKEL DR STUART FL 34997	9190 SW ACKEL DR STUART FL 34997

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	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 _____
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, 2007 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ACKEL, THOMAS S JR. 9190 S.W. ACKEL DRIVE STUART FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition U00000645193 03/02/07-80074-004 158.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ACKEL, THOMAS S III 1500 S.E. 15TH STREET., APT 212 FORT LAUDERDALE FL 33316	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ACKEL, DIANA Z 5117 S.W. ANHINGA AVENUE PALM CITY FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ACKEL, BARBARA 151 N.E. 16TH AVENUE., APT 1316 FORT LAUDERDALE FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUGGIERI, MARY V 25188 MARION AVENUE., UNIT 1040 PUNTA GORDA FL 33950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Thomas S. Ackel THOMAS S. ACKEL JR. 2/19/07 772-287-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #