


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 350006 1. Entity Name FAUSTO'S FOOD PALACE, INC.	
--	---

Principal Place of Business 522 FLEMING STREET KEY WEST, FL 33040	Mailing Address 522 FLEMING STREET KEY WEST, FL 33040
---	---



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1270432	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAMES F WEEKLEY
519 ELIZABETH STREET
KEY WEST, FL 33040

**DO NOT WRITE
IN THIS SPACE**

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

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	PD WEEKLEY, JAMES F 519 ELIZABETH ST KEY WEST, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WEEKLEY, ALTON L 517 ELIZABETH ST KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEEKLEY, ANA L 517 ELIZABETH ST KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEEKLEY, SUSAN 519 ELIZABETH ST KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEEKLEY, CARL JR 1615 MEADOW BROOK ST LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000382971
01/12/06-80036-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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 Alton L. Weekley **ALTON L. WEEKLEY, SECY** 1/16/06 (305) 294-5221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #