

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90005 012 ***550.00

DOCUMENT # 665260 1. Entity Name THE OLD TYME SHOP, INC.					
Principal Place of Business 1423 PONCE DE LEON BLVD CORAL GABLES, FL 33134 US			Mailing Address 1423 PONCE DE LEON BLVD CORAL GABLES, FL 33134 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-1995797 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		07102006 Chg-P CR2E034 (11/05)			
6. Name and Address of Current Registered Agent CODELLA, MICHAEL 1423 PONCE DE LEON BLVD CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name CODELLA, IRIS H. Street Address (P.O. Box Number is Not Acceptable) 1423 PONCE DE LEON BLVD City CORAL GABLES FL Zip Code 33134		
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 <u>Iris H. Codella</u> Iris H. Codella 7/14/06 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when reappointing)					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		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	DP CODELLA, MICHAEL 1423 PONCE DE LEON BLVD CORAL GABLES, FL 33134	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CODELLA, IRIS 1423 PONCE DE LEON BLVD CORAL GABLES, FL 33134	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: <u>Iris H. Codella</u> Iris H. Codella 7/14/06 305-579-4893 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					