


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90196 049 \*\*\*150.00

<b>DOCUMENT # J10520</b>		
1. Entity Name FLORIDA REPOSTA, INC.		

Principal Place of Business 3706 OXFORD ST FT. MYERS, FL 33901 US	Mailing Address 3706 OXFORD ST FT. MYERS, FL 33901 US
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2. Principal Place of Business 2108 MONROE STREET	3. Mailing Address P.O. BOX 2648
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State FORT MYERS	City & State FORT MYERS
Zip FL 33902	Zip FL 33902
Country	Country

40066901



04192006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2669197	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 GAST, GERRIT JAN 3706 OXFORD ST FORT MYERS, FL 33901	7. Name and Address of New Registered Agent Name: TAMINOSIAN STEPHEN J. Street Address (P.O. Box Number is Not Acceptable): 2108 MONROE STREET City: FORT MYERS FL Zip Code: 33902
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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: STEPHEN J. TAMINOSIAN *Stephen J. Taminosian* 4/25/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAST, GERRIT JAN 3706 OXFORD ST FT MYERS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. TAMINOSIAN STEPHEN J. 2108 MONROE STREET FORT MYERS FL 33902 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Gerrit J. Gast 25-04-2006 239-936-4088  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #