

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

*"Amended"*

FILED

06 MAY 30 PM 4:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K80285

1. Entity Name  
P. CHRISTAFARO'S, INC.



Principal Place of Business  
1200 CLARE AVE.  
WEST PALM BEACH, FL 33401

Mailing Address  
1200 CLARE AVE.  
WEST PALM BEACH, FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05252006

Chg-P

CR2E034 (11/05)

4. FEI Number  
65-0115663

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required.

6. Name and Address of Current Registered Agent

SIM, H. BRYANT, ESQ.  
7301 S DIXIE HWY  
W PALM BEACH, FL 33405

7. Name and Address of New Registered Agent

Name *Doreen Alfaro*

Street Address (P.O. Box Number is Not Acceptable)  
*1200 CLARE AVE*

City *WPPB*

FL

Zip Code *33401*

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)

*05/25/06*

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME ALFARO, DOREEN  
STREET ADDRESS 810 AVON  
CITY-ST-ZIP W PALM BEACH, FL 33401

TITLE VP ☒ Delete  
NAME ROBINSON, ANGELA  
STREET ADDRESS 1200 CLARE AVE.  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*300075969323*  
*06/08/06--01004--012 \*\*\$61.25*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Remove*  
*Angela Robinson*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*5/26/2006*