


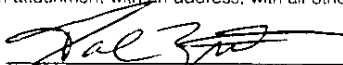


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90017 048 \*\*\*150.00

<b>DOCUMENT # P01000028193</b> 1. Entity Name <b>PAUL ZIOTAS, INC.</b>																																	
Principal Place of Business <b>117 1ST TERRACE SAN MARINO ISLAND MIAMI BEACH FL 33139</b>			Mailing Address <b>117 1ST TERRACE SAN MARINO ISLAND MIAMI BEACH FL 33139</b>																														
2. Principal Place of Business <b>114 2nd Rivo Alto TE</b> Suite, Apt. #, etc. <b>Miami BCH</b> City & State <b>FLORIDA</b>		3. Mailing Address Suite, Apt. #, etc. <b>SAME</b> City & State <b>FLORIDA</b>																															
Zip <b>33139</b>		Country <b>DADE</b>		4. FEI Number <b>65-1088449</b>																													
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable																													
6. Name and Address of Current Registered Agent <b>ZIOTAS, PAUL 117 1ST TERRACE SAN MARINO ISLAND MIAMI BEACH FL 33139</b>			7. Name and Address of New Registered Agent Name <b>PAUL ZIOTAS</b> Street Address (P.O. Box Number is Not Acceptable) <b>114 2nd Rivo Alto TE</b> <b>Miami BCH</b> City <b>FL</b> Zip Code <b>33139</b>																														
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  DATE <b>3-1-06</b> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																	
<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width:50%; padding: 2px;">           DP <input type="checkbox"/> Delete  <b>ZIOTAS, PAUL</b>  <b>117 1ST TERRACE SAN MARINO ISLAND</b>  <b>MIAMI BEACH FL 33139</b> </td> </tr> <tr><td style="height: 40px;"></td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td style="height: 40px;"></td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td style="height: 40px;"></td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td style="height: 40px;"></td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td style="height: 40px;"></td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr> <tr><td style="height: 40px;"></td><td style="text-align: center;"><input type="checkbox"/> Delete</td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete <b>ZIOTAS, PAUL</b> <b>117 1ST TERRACE SAN MARINO ISLAND</b> <b>MIAMI BEACH FL 33139</b>		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width:50%; padding: 2px;"> <b>NEW ADDRESS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>114 2nd Rivo Alto TE</b>  <b>Miami BCH FL 33139</b> </td> </tr> <tr><td style="height: 40px;"></td><td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="height: 40px;"></td><td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="height: 40px;"></td><td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="height: 40px;"></td><td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="height: 40px;"></td><td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="height: 40px;"></td><td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>NEW ADDRESS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>114 2nd Rivo Alto TE</b> <b>Miami BCH FL 33139</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  <b>PAUL ZIOTAS</b> <b>3-1-06</b> <b>305-951-4680</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																	