

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 05, 2006 8:00 am**  
**Secretary of State**

09-05-2006 90024 040 \*\*\*550.00

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04122006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P01000062921</b> 1. Entity Name <b>PRADO'S CO.</b>			
Principal Place of Business <b>5956 BENT PINE DR</b> <b># 160</b> <b>ORLANDO, FL 32822 US</b>		Mailing Address <b>5956 BENT PINE DR</b> <b># 160</b> <b>ORLANDO, FL 32822 US</b>	
2. Principal Place of Business <b>7143 SOMERSWORTH DR</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>ORLANDO FL</b>		City & State	
Zip <b>32835</b>		Country	
4. FEI Number <b>59-3735085</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PRADO, PATRICIA Z</b> <b>4546 S. SEMORAN BLVD</b> <b>PO BOX 535</b> <b>ORLANDO, FL 32822</b>		7. Name and Address of New Registered Agent  Name <b>PRADO, PATRICIA Z</b> Street Address (P.O. Box Number is Not Acceptable) <b>7143 SOMERSWORTH DR</b>  City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32835</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 <input checked="" type="checkbox"/> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<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"/> <b>\$5.00</b> 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	D PRADO, NILSON S 5956 BENT PINE DR # 160 ORLANDO, FL 32822 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. PRADO, NILSON S 7143 SOMERSWORTH DR ORLANDO, FL 32835 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRADO, PATRICIA Z 5956 BENT PINE DR # 160 ORLANDO, FL 32822 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. PRADO, PATRICIA Z 7143 SOMERSWORTH DR ORLANDO, FL 32835 <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: <input checked="" type="checkbox"/> <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		08.29.06 (407)290.9757 <small>Date Daytime Phone #</small>	