



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91027 015 \*\*\*150.00

<b>DOCUMENT # P01000109354</b> 1. Entity Name <b>PAELLAS@HOME INC.</b>					
Principal Place of Business <b>6800 GULFPORT BLVD. SO SUITE 111 SAINT PASADENA, FL 33707</b>			Mailing Address <b>6800 GULFPORT BLVD. SO SUITE 111 SAINT PASADENA, FL 33707</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>124 - 12th st. East</b>  Suite, Apt. #, etc.			
City & State  City: <b>Tierra Verde FL</b>		4. FEI Number <b>26-0006129</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33715</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GONZALEZ, DAVID 10206 VISTA POINTE DRIVE TAMPA, FL 33635</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	<b>P GONZALEZ, TERRI 10206 VISTA POINTE DRIVE TAMPA, FL 33635</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V FERRARI, SORAYA 124 12TH STREET E TIERRA VERDE, FL 33715</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S FERRARI, JUAN C 124 12TH STREET E TIERRA VERDE, FL 33715</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T GONZALEZ, DAVID 10206 VISTA POINTE DR TAMPA, FL 33635</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE: Soraya Ferrari V. 4-20-04 (727) 864-9506</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					