2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2005 08:00 AM

DOCUMENT # P01000110577 1. Entity Name PAUL-MENA, INC.		Secretary of State
Principal Place of Business Mailing Address 3091 BRANCH DR 3091 BRANCH DR CLEARWATER, FL 34620 CLEARWATER, FL 34620		
•	- 	
		01072005 No Chg-P CR2E034 (10/03)
DO NOT WRITE IN THIS SPA	CE	4. FEI Number Applied For 59-3759666 Not Applicable
	-	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
MENA, PAUL 3091 BRANCH DR CLEARWATER, FL 34620		IN THIS SPACE
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 priviled name & registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.	noing \$5.	i.00 May Be ded to Fees
10. OFFICERS AND DIRECTORS TITLE PRES -		
NAME MENA, PAUL J STREET ADDRESS 3091 BRANCH DR CITY-ST-ZIP CLEARWATER, FL 34620		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		#M0000182011 01/19/05-80011-011 150.00
TITLE NAME STREET ADDRESS GITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE	Ī	

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.

SIGNATURE: _

NAME STREET ADDRESS

> ING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PAINTED NAME OF SIGN