


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000082598		
1. Entity Name PAUL & NINA ENTERPRISES, INC.		

Principal Place of Business 909 KINGS HIGHWAY, UNIT 909 A PORT CHARLOTTE, FL 33980	Mailing Address 136 BROADWAY, STE #1 WOODCLIFF LAKE, NJ 07677 US
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2. Principal Place of Business		3. Mailing Address 35184 US 19 N	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Palm Harbor FL	
Zip	Country	Zip 34684	Country

FILED  
05 MAY 10 PM 4: 50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04292005 Chg-P CR2E034 (10/03)

4. FEI Number 02-0641835	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  JALLO, PAUL 4313 AUSTIN WAY PALM HARBOR, FL 34685		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JALLO, PAUL 4313 AUSTIN WAY PALM HARBOR, FL 34685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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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05/18/05--01062--003 \*\*\$1550.00

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: Paul Jallo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #