2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 04, 2008 08:00 A Secretary of State **DOCUMENT # P02000123204** 1. Entity Name PAPÁRIC, INC. Mailing Address Principal Place of Business 10743 NW 55ST 10743 NW 55ST CORAL SPRINGS, FL 33076 CORAL SPRINGS, FL 33076 CR2E034 (11/05) 01312008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 14-1858279 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required さい ちゅうなき 大変の 6. Name and Address of Current Registered Agent DO NOT WRITE FRIEDBERG, RICHARD D 10743 NW 55ST CORAL SPRINGS, FL 33076 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. -31-08 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS त्य विकास स्वास्त्र स्थापना विकास विकास स्वास्त्र स्थापना विकास स्वास्त्र स्थापना विकास स्वास्त्र स्थापना विकास स्वास्त्र स 10. FRIEDBERG, RICHARD NAME STREET AODRESS 10743 NW 55TH ST CORAL SPRINGS, FL 33076 CITY-ST-ZIP <u>ૣૺ૽૽૽૽૽ૺૢ૽ૺ૽ૢૼૢ૽ઌઌ૿ઌ૽૽ઌ૽૽ૼ૱૽૽ૺ૱</u>૽૽ૺ૱ NAME STREET ADDRESS 02/14/08-80030-019 150.00 CITY-ST-ZIP

And the second of the second o NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE The state of the s NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes | 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:

TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(~3*)-08*

Daytime Phone #