

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 8:00 am
Secretary of State

01-18-2006 90026 016 ***150.00

DOCUMENT # P02000127261 1. Entity Name PAGODA PROPERTIES, CORPORATION			
Principal Place of Business 14936 N. FLORIDA AVE TAMPA, FL 33613		Mailing Address 14936 N. FLORIDA AVE TAMPA, FL 33613	
2. Principal Place of Business 13211 Thoroughbred Dr		3. Mailing Address 13211 Thoroughbred	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Dade City, FL		City & State Dade City, FL	
Zip 33525		Zip 33525	
Country USA		Country USA	
4. FEI Number 65-1184238		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATEL, BHUPENDRA M 18205 BITTERN AVENUE LUTZ, FL 33558		7. Name and Address of New Registered Agent Name Carlton Darbyshire Street Address (P.O. Box Number is Not Acceptable) 13211 Thoroughbred Dr Dade City, FL 33525 City Dade City FL Zip Code 33525	
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 <u><i>Carlton Darbyshire</i></u> DATE <u>1/13/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME PATEL, BHUPENDRA M	TITLE 	NAME
STREET ADDRESS 18205 BITTERN AVENUE	CITY-ST-ZIP LUTZ, FL 33558	STREET ADDRESS 	CITY-ST-ZIP
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DS	NAME GOBEA, RENIER	TITLE PRESIDENT	NAME Renier Gobe
STREET ADDRESS 18205 BITTERN AVENUE	CITY-ST-ZIP LUTZ, FL 33558	STREET ADDRESS 20017 Wellington Manor Blvd	CITY-ST-ZIP Lutz, FL 33549
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DT	NAME DARBYSHIRE, CARON	TITLE SECRETARY/VP	NAME CARLTON DARBYSHIRE
STREET ADDRESS 18205 BITTERN AVENUE	CITY-ST-ZIP LUTZ, FL 33558	STREET ADDRESS 13211 Thoroughbred Dr	CITY-ST-ZIP Dade City, FL 33525
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
<input type="checkbox"/> Delete		<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: <u><i>Carlton Darbyshire</i></u> VP		DATE: <u>1/13/06</u> DAYTIME PHONE: <u>813 817 1588</u>	