


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000135338 1. Entity Name PAELLAS 4LESS, CORP.	
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Principal Place of Business 7535 SW 152 AVE #C-302 MIAMI, FL 33193	Mailing Address 7535 SW 152 AVE #C-302 MIAMI, FL 33193
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DO NOT WRITE IN THIS SPACE



05182005 No Chg-P CR2E034 (10/03)


4. FEI Number 56-2308142	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

**VILLANUEVA, OMAR
7535 SW 152 AVE #C-302
MIAMI, FL 33193**

**DO NOT WRITE
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  DATE **May-23/05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reappointing)


FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VILLANUEVA, OMAR 7535 SW 152 AVE #C-302 MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CANALES, SORAIDA 7535 SW 152 AVE #C-302 MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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05/31/05-80008-025 150.00

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 empowerment.

SIGNATURE: **OMAR VILLANUEVA**  DATE **5/23/05** (305) 244 1793

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR