2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000031496

FILED May 01, 2006 Secretary of State

Entity Name: PAFAL, INC **Current Principal Place of Business: New Principal Place of Business:** 3558 N. UNIVERSITY DR. 3558 N. UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 **Current Mailing Address: New Mailing Address:** 3558 N. UNIVERSITY DR 3558 N. UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 FEI Number: 51-0454091 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GIUSEPPE, IADISERNIA GIUSEPPE, IADISERNIA 3558 N. UNIVERSITY DR. 3558 N. UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 US CORAL SPRINGS, FL 33065 US 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. SIGNATURE: 05/01/2006 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition IADISERNIA, GIUSEPPE IADISERNIA, GIUSEPPE Name: Name: 3558 N. UNIVERSITY DR. Address: 3558 N. UNIVERSITY DRIVE Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: CORAL SPRINGS, FL 33065 () Delete Title: VΡ Title: () Change () Addition Name: MAESTRE, ELSY Name: 3558 N. UNIVERSITY DRIVE Address: Address: CORAL SPRINGS, FL 33065 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

VΡ SIGNATURE: ELSY MAESTRE 05/01/2006