

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90258 034 ***150.00

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1. Entity Name

PAELLA SEAFOOD GRILL, INC.



Principal Place of Business

12389 PEMBROKE ROAD
PEMBROKE PINE FL 33025
US

Mailing Address

12389 PEMBROKE ROAD
PEMBROKE PINE FL 33025
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

13-4247635

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLANCO, ROLANDO
16220 SOUTHWEST 49 CONT.
MIRAMAR FL 33027

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME BLANCO, ROLANDO
STREET ADDRESS 355 LAKE CREST CT
CITY-ST-ZIP WESTON FL 33326

TITLE ☒ Change ☐ Addition
NAME Blanco, Rolando
STREET ADDRESS 16220 S.W. 49 Ct.
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE VP ☐ Delete
NAME RAMIREZ, ANA M
STREET ADDRESS 355 LAKE CREST CT
CITY-ST-ZIP WESTON FL 33326

TITLE ☒ Change ☐ Addition
NAME RAMIREZ, ANA
STREET ADDRESS 16220 S.W. 49 Ct.
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an officer like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #