

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000040878

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**



01192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**BLANCO, ROLANDO
16220 SOUTHWEST 49 CONT.
MIRAMAR, FL 33027**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this report 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 the registered agent.

SIGNATURE: _____

(Signature)

(NOTE: Registered Agent signature required when releasing)

DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BLANCO, ROLANDO
STREET ADDRESS	16220 SW 49 CT
CITY - ST - ZIP	HOLLYWOOD, FL 33027
TITLE	VP
NAME	RAMIREZ, ANA
STREET ADDRESS	16220 SW 49 CT
CITY - ST - ZIP	HOLLYWOOD, FL 33027
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/02/07-80005-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

(Signature) AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

____ Date

____ Daytime Phone #