




2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State

05-20-2005 90033 048 ***150.00

DOCUMENT # P03000145395 1. Entity Name PAISANO TIMES COM INC.					
Principal Place of Business 212 SE 19TH TERRACE CAPE CORAL, FL 33990			Mailing Address 212 SE 19TH TERRACE CAPE CORAL, FL 33990		
2. Principal Place of Business 4608 SE 6th Ave Suite, Apt. #, etc. 2E		3. Mailing Address 4608 SE 6th Ave Suite, Apt. #, etc. 2E		 05172005 Chg-P CR2E034 (10/03)	
City & State Cape Coral FL		City & State Cape Coral FL			
Zip 33904 Country		Zip 33904 Country			
4. FEI Number 59-3775303		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 RESTREPO, JOHNNY 212 SE 19TH TERRACE CAPE CORAL, FL 33990	
7. Name and Address of New Registered Agent					
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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____					
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.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RESTREPO, JOHNNY 212 SE 19TH TERRACE CAPE CORAL, FL 33990 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 empowered.					
SIGNATURE: x 			5/17/05 Date _____ Daytime Phone # _____		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					