FILED
Jul 05, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000146807

1. Entity Name
PAIFA KAL, INC.

Principal Place of Business	Mailing Address
6989 LEE VISTA BOULEVARD ORLANDO, FL 32822	6989 LEE VISTA BOULEVARD ORLANDO, FL 32822

DO NOT WRITE IN THIS SPACE

08302005 No Chg-P CR2E034 (10/03)

4. FEI Number
86-1090144

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORTH ORANGE AVENUE
SUITE 1100
ORLANDO, FL 32801

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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
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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

TITLE	D
NAME	DAVID, WALTER W
STREET ADDRESS	6989 LEE VISTA BOULEVARD
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	D
NAME	GLOVER, PAUL
STREET ADDRESS	6989 LEE VISTA BOULEVARD
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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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 asterisk, with all other like empowered.

SIGNATURE: _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #