FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 01, 2006 8:00 am
Secretary of State
08-09-2006 90017 001 ***150.00
08-09-2006 90017 002 *****8.75
09-01-2006 90002 019 ***391.25

DOCUMENT # P04000006653

1. Entity Name
AIR PAPA BRAVO, CORP

DO NOT WRITE IN THIS SPACE

40102532 I/

CR2E034B (8/05)

2. Principal Place of Business	3. Mailing Address
630 JASMINE ROAD	630 JASMINE ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ALTAMONTE SPRINGS FL	City & State: ALTAMONTE SPRINGS FL.
Zip: 32701 Country: US	Zip: 32701 Country: US

4. FEI Number 30-0225812 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: FRED NANUS CPA

Street Address (P.O. Box Number is Not Acceptable):
5035 MAPLE GREEN PLACE

City: ALTAMONTE SPRINGS FL Zip Code: 32771

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
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

TITLE P NAME PRESIDENT STREET ADDRESS JOSE L. BORRERO CITY-ST-ZIP 630 JASMINE ROAD ALTAMONTE SPRINGS, FL 32701	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE SEC NAME EILEEN MONTALVO STREET ADDRESS 630 JASMINE ROAD CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE VP NAME MELISSA BRANDRUP STREET ADDRESS 7514 JACKSON AVE. CITY-ST-ZIP TAKOMA PARK, MD 20912	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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] JOSE L. BORRERO MD president AUG 4, 2006 (407) 834-6652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number
491-3201