

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P05000011847

1. Entity Name  
TASTY TORNADO-Z, INC.



**FILED  
Apr 13, 2006 8:00 am  
Secretary of State**

04-13-2006 90280 018 \*\*\*150.00

Principal Place of Business  
6849 3RD STREET N  
ST PETERSBURG, FL 33702

Mailing Address

6849 3RD STREET N  
ST PETERSBURG, FL 33702

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

03062006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-2213229</b>	Applied For <input checked="" type="checkbox"/>
	Not Applicable

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

6. Name and Address of Current Registered Agent

SOMODI-KAJFASZ, ZITA  
6849 3RD STREET N  
ST PETERSBURG, FL 33702

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when translating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE: D  Delete  
NAME: SOMODI-KAJFASZ, ZITA  
STREET ADDRESS: 6849 3RD STREET N  
CITY-ST-ZIP: ST PETERSBURG, FL 33702

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change  Addition

TITLE:  Delete  
NAME:  Delete  
STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete

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STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete

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CITY-ST-ZIP:  Delete

Change  Addition

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: *Zita Soma - Kj*

*4-11-06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*ZITA SOMODI-KAJFASZ*

Date

Daytime Phone #