2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 31, 2006 08:00 AM DOCUMENT # P05000058444 **Secretary of State** 1. Entity Name ROCHELLE PASTON ENTERTAINMENT, INC Principal Place of Business Mailing Address 4140 N 34TH AVE HOLLYWOOD FL 33021 4140 N 34TH AVE HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number Not Applicat Zιρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PASTON, ESTHER Street Address (P.O. Box Number is Not Acceptable) 4140 N 34TH AVE HOLLYWOOD FL 33021 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 mounted when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May £ After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Adding U00000411872 02/10/06-80023-020 150.00 ESTHER, PASTON NAME MARKE STREET ADDRESS STREET ADDRESS 4140 N 34TH AVE CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP MILE ☐ Delete THE ☐ Change Addition STREET ADDRESS STREET ADDRESS CHY-ST-712 CITY-ST-ZIP ☐ Change Andrew 71727 ☐ Dolete ₩. NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZW ☐ Acc TITLE Delete 331) 6 ☐ Change NAME NAME STREET ADDRESS STHEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ A.*. NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-719 CITY-ST-ZIP \square Λ_i ☐ Change TITLE Delete 11144 NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing diges not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or adoptemental 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 direction 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 1 if changed, or on an attachment with an address, without other like empowered.

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1/26/06

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