

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90194 047 ***150.00

DOCUMENT # P05000068755	
1. Entity Name PAUL WAVERLA ENTERPRISES, INC.	

Principal Place of Business 8954 S.W. 7 STREET BOCA RATON FL 33433 US	Mailing Address 8954 S.W. 7 STREET BOCA RATON FL 33433 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. SAME		Suite, Apt. #, etc. SAME	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 20-2858164		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WAVERLA, PAUL 8954 S.W. 7 STREET BOCA RATON FL 33433		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 state, if applicable. (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
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		11. RESIGNATIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,VP WAVERLA, PAUL 8954 S.W. 7 STREET BOCA RATON FL 33433 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. 5/15/07 - RESIGNED 11/13/07 ☒ Change ☐ Addition SALVATORE BOLOGNA 3511 MONZA DRIVE SEARING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,T WAVERLA, PAUL 8954 S.W. 7 STREET BOCA RATON FL 33433 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EFFEC 11/13/07 ☒ Change ☐ Addition PAUL WAVERLA 8954 S.W. 7TH ST BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAVERLA, PAUL 8954 S.W. 7 STREET BOCA RATON FL 33433 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **2/21/08 (561) 239-2207**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR