

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000133437

Entity Name: PAPER PATH CORP.

FILED  
Sep 06, 2006  
Secretary of State

## Current Principal Place of Business:

18911 COLLINS AVENUE  
#2006  
NO MIAMI, FL 33160

## New Principal Place of Business:

1602 COLLINS AVENUE  
#499  
MIAMI BEACH, FL 33139

## Current Mailing Address:

1602 ALTON RD  
#499  
MIAMI BEACH, FL 33139

## New Mailing Address:

FEI Number: 54-2184201      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

QUIMPER, ENRIQUE  
1602 ALTON RD  
#499  
MIAMI BEACH, FL 33139 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: QUIMPER, ENRIQUE  
Address: 1602 ALTON RD #499  
City-St-Zip: MIAMI BEACH, FL 33139 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ENRIQUE QUIMPER

P

09/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date