2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2006 8:00 am Secretary of State

		Aititoria	7721	-		_	04-05-1	2006 901	L49 AA7	***150.00
DOCUMENT # P05000149917 1. Endity Name LA PALOMA GELATERIA AND CAFE INC							0105	2000 70	11000	130.00
Principal Place of Business Mailing Address 2601 GULF BOULEVARD 2601 GULF BOULEVARD INDIAN ROCKS BEACH, FL 33785 US INDIAN ROCKS BEACH					785 US			6601	1625	
2. Principal Pl	ace of Busin	ness	3. Mailing Address							
Suite, Apt. *, etc.			Surte, Apt. #, etc.			01112006	Chy-P	CR2E0	34 (11/05)	
City & State			City & State			4. FEI Numbe	3784	57.6	. 	plied For Applicable
Zip	Zip Country		Zip	Zip Country			of Status Desired		\$8.75 Addi	itional
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
RRUGO, SOKOL 2601 GULF BOULEVARD					Street Address (P.O. Box Number is Not Acceptable)					
INDIAN ROCKS BEACH, FL 33785										
					City			FL	Zip Code	,—
8. The above	named entil	ly submits this statement &	or the purpose of cha	anging its register	red office or registe	ered agent, or bot	h, in the State of Fi		amiliar with,	and accept
 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_	Fi	I as a marked come of contract and a con-	and tried annihilation	-dunan (singlebor)		DATE				
Signature, typed or printed name of registered agent and tole if applicable. (NOTE: Registered agent algorithms required when reinstalling) DATE										
FIL After Ma	E NOW!!! By 1, 200	FEE IS \$150.00 6 Fee vall be \$550.		n Campaign Fins fund Contribution		5.00 May Be Ided to Fees				}
10.		OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFF	ICERS AND		
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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 eath; 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.										
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED IN										