

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000063544

Entity Name: PAPER SQUID, INC

FILED
Feb 16, 2007
Secretary of State

Current Principal Place of Business:

1154 WEST 35 STREET
208
HIALEAH, FL 33012

New Principal Place of Business:

6715 MIAMI LAKES DRIVE
C108
MIAMI LAKES, FL 33018

Current Mailing Address:

1154 WEST 35 STREET
208
HIALEAH, FL 33012

New Mailing Address:

6715 MIAMI LAKES DRIVE
C108
MIAMI LAKES, FL 33018

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMADOR, KARYNA E
1154 WEST 35 STREET
208
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

AMADOR, KARYNA E
6715 MIAMI LAKES DRIVE
C108
MIAMI LAKES, FL 33018 US

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: KARYNA E. AMADOR

02/16/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AMADOR, KARYNA E
Address: 1154 WEST 35 STREET N O208
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AMADOR, KARYNA E
Address: 6715 MIAMI LAKES DRIVE C108
City-St-Zip: MIAMI LAKES, FL 33018

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: KARYNA E. AMADOR

P

02/16/2007

Electronic Signature of Signing Officer or Director

Date