

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P30923

1. Entity Name
MEDIEVAL TIMES MANAGEMENT, INC.



Principal Place of Business
7662 BEACH BLVD
BUENA PARK, CA 90620-1838

Mailing Address
7662 BEACH BLVD
BUENA PARK, CA 90620-1838



04212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-0423142

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIUSOLO, ERIC
4510 W. IRLO BRONSON MEM HWY
KISSIMMEE, FL 32742

**DO NOT WRITE
IN THIS SPACE**

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 required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000543840
05/11/06-80011-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KIM, KENNETH H.
STREET ADDRESS	7662 BEACH BLVD
CITY-ST-ZIP	BUENA PARK, CA 90620
TITLE	V
NAME	TEJEDOR, JOSE
STREET ADDRESS	149 POLITO AVE
CITY-ST-ZIP	LYNDHURST, NJ 07071
TITLE	VTS
NAME	CHIUSOLO, ERIC
STREET ADDRESS	7662 BEACH BLVD
CITY-ST-ZIP	BUENA PARK, CA 90620
TITLE	C
NAME	MONTANER, PEDRO
STREET ADDRESS	7662 BEACH BLVD
CITY-ST-ZIP	BUENA PARK, CA 906201838
TITLE	D
NAME	SANTANDREU, MARTIN
STREET ADDRESS	7662 BEACH BLVD
CITY-ST-ZIP	BUENA PARK, CA 906201838
TITLE	V
NAME	ALCINA, ANTONIO
STREET ADDRESS	7662 BEACH BLVD
CITY-ST-ZIP	BUENA PARK, CA 90620

**DO NOT WRITE
IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/06 714-582-0221