




#150.00

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 FEB 15 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000028071					
1. Entity Name PAPA MANAGEMENT, INC.					
Principal Place of Business 6071 VIA VENETIA NORTH DELRAY BEACH, FL 33484			Mailing Address 6071 VIA VENETIA NORTH DELRAY BEACH, FL 33484		
2. Principal Place of Business, No. P.O. Box # 1124 San Michele Way Suite, Apt. #, etc.		3. Mailing Address 1124 San Michele Way Suite, Apt. #, etc.		01232007 Chg-P CR2E034 (12/06) 07	
City & State Palm Beach Gardens, FL Zip 33418 Country USA		City & State Palm Beach Gardens, FL Zip 33418 Country USA		4. FEI Number 65-0586044 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent PAPA, MICHAEL A 6071 VIA VENETIA NORTH DELRAY BEACH, FL 33484			7. Name and Address of New Registered Agent Name PAPA, MICHAEL A. Street Address (P.O. Box Number is Not Acceptable) 1124 San Michele Way Palm Beach Gardens FL Zip Code 33418		
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  DATE 2-6-07 (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees 02/21/07--01028--001 ***500.00		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPA, MICHAEL A 6071 VIA VENETIA NORTH DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1124 San Michele Way Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			2-6-07 Date Daytime Phone #		