


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000024040**  
1. Entity Name  
**PAOLUCCI AND SANDOVAL CORPORATION**



Principal Place of Business      Mailing Address  
4710 NW 37 AVE                      4710 NW 37 AVE  
MIAMI, FL 33142                      MIAMI, FL 33142

**DO NOT WRITE IN THIS SPACE**



01282005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0822800**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

SMITH, JOSE E CPA  
132 MINORCA AVE  
MIAMI, FL 33134

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SUAREZ, GUILLERMO
STREET ADDRESS	4710 NW 37 AVE
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	VP
NAME	SUAREZ, BRYAN MICHAEL
STREET ADDRESS	405 S.W. 26 ROAD
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000215940  
02/05/05-80028-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** \_\_\_\_\_      *01-28-05*      *305-633-4352*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #