

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000024040

FILED
May 01, 2006
Secretary of State

Entity Name: PAOLUCCI AND SANDOVAL CORPORATION

Current Principal Place of Business:

4710 NW 37 AVE
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

4710 NW 37 AVE
MIAMI, FL 33142

New Mailing Address:

FEI Number: 65-0822800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SUAREZ, GUILLERMO
Address: 4710 NW 37 AVE
City-St-Zip: MIAMI, FL 33142

Title: VP () Delete
Name: SUAREZ, BRYAN MICHAEL
Address: 405 S.W. 26 ROAD
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GUILLERMO SUAREZ

P

05/01/2006

Electronic Signature of Signing Officer or Director

_____ Date