2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State
Dept. of State

DOCUMENT # P96000098837
Entity Name
PARADISE PIZZA OF CAPE CORAL, INC.

Principal Place of Business	Mailing Address
842 LAFAYETTE STREET CAPE CORAL, FL 33904	842 LAFAYETTE STREET CAPE CORAL, FL 33904

01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0712180
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARIELLO, ALICE J
842 LAFAYETTE STREET
CAPE CORAL, FL 33904

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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, 2006 Fee will be $550.00

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

100000396452
01/30/06-80011-005 150.00

OFFICERS AND DIRECTORS

	P
ADDRESS	CARIELLO, ALICE J
CITY-ST-ZIP	842 LAFAYETTE STREET
	CAPE CORAL, FL
ADDRESS	
CITY-ST-ZIP	
ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: A. Alice Cariello 1-17-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #