

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 02, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P97000020919**

1. Entity Name  
**PARTY FESTA CORP.**



Principal Place of Business  
**14345 SW 57 LANE  
MIAMI, FL 33183 US**

Mailing Address  
**14345 SW 57 LANE  
MIAMI, FL 33183 US**



04062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0733234</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**CASTANEDA, JOHNY  
14345 SW 57 LANE  
MIAMI, FL 33183**

**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 reinstalling)

DATE

**04/26/06**

**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

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **CASTANEDA, JOHNY R**  
STREET ADDRESS **14345 SOUTHWEST 57TH LANE**  
CITY-ST-ZIP **MIAMI, FL 33183**

TITLE **VP**  
NAME **CASTANEDA, NANCY**  
STREET ADDRESS **14345 SW 57TH LANE**  
CITY-ST-ZIP **MIAMI, FL 33183**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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05/17/06-80112-007 150.00**

**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 #

**04/26/06**