


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000001700
 1. Entity Name
NEW TAMPA WRAPPERIA, INC.



Principal Place of Business: **16019 TAMPA PALM BLVD TAMPA FL 33647**
 Mailing Address: **16019 TAMPA PALM BLVD TAMPA FL 33647**



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State

4. FEI Number **59-3571449** Applied For Not Applied

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

1st MOORE GR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAROFANO, ROBERT
16019 TAMPA PALM BLVD
TAMPA FL 33647

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 re-stating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="radio"/>	<input type="checkbox"/> Delete
NAME	LANZA, JAMES	
STREET ADDRESS	50 ADALIA AVE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	<input type="radio"/>	<input type="checkbox"/> Delete
NAME	GIGARTE, JEFF	
STREET ADDRESS	2903 WEST AGUILLA	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	<input type="radio"/>	<input type="checkbox"/> Delete
NAME	GAROFAN, ROBERT	
STREET ADDRESS	5132 STERLING MANOR DRIVE	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	<input type="checkbox"/>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE	<input type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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02/09/06-80011-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 

1-26-06 975-1222