


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P99000001700 1. Entity Name NEW TAMPA WRAPPERIA, INC.	
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Principal Place of Business 16019 TAMPA PALM BLVD TAMPA, FL 33647	Mailing Address 16019 TAMPA PALM BLVD TAMPA, FL 33647
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**DO NOT WRITE IN THIS SPACE**



03182007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3571449	Applied For 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

GAROFANO, ROBERT  
 16019 TAMPA PALM BLVD  
 TAMPA, FL 33647

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

U00000675752  
 03/30/07-80031-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	O
NAME	LANZA, JAMES
STREET ADDRESS	50 ADALIA AVE
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	O
NAME	GIGARTE, JEFF
STREET ADDRESS	2903 WEST AGUILLA
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	O
NAME	GAROFAN, ROBERT
STREET ADDRESS	5132 STERLING MANOR DRIVE
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:  3-18-07 813-975-1222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #