

**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.**



Principal Place of Business  
**16019 TAMPA PALM BLVD  
TAMPA, FL 33647**

Mailing Address  
**16019 TAMPA PALM BLVD  
TAMPA, FL 33647**



03182007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3571449**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(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	

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-18-07

813-975-1222