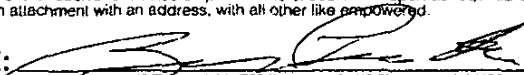


FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90223 040 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000051866			
1. Entity Name 4 PAESANOS, INC.			
Principal Place of Business 1801 N MILITARY TRAIL 200 BOCA RATON, FL 33431		Mailing Address 1801 N MILITARY TRAIL 200 BOCA RATON, FL 33431	
2. Principal Place of Business 7672 STATE RD 7 Suite, Apt. #, etc. SUITE 21 City & State HALLSBATE FL Zip 33068 Country USA		3. Mailing Address PO BOX 771011 Suite, Apt. #, etc. City & State CORAL SPRINGS FL Zip 33077-1011 Country USA	
4. FEI Number 65-0931050		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRAPANI, CHRISTOPHER M. 1801 N MILITARY TRAIL 200 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D TRAPANI, CHRISTOPHER M 1801 N MILITARY TRAIL SUITE 200 BOCA RATON, FL 33431 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP PERROTTA, BRUCE 6720 SW 18TH CT. POMPANO BEACH, FL 33068 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D TRAPANI, SAMUEL S 8210 S.W. 6TH STREET NORTH LAUDERDALE, FL 33068 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SANTRAPANI 1830 SAGE PALM DR. #401 DADE, FL 33324 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D JAMES, SYBIL 6720 S.W. 18TH CT POMPANO BEACH, FL 33068 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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		04.26.06 954-9756800 Date Daytime Phone #	