


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90325 042 ***150.00

DOCUMENT # V71684 1. Entity Name PAOLA, INC.					
Principal Place of Business 59 NW 10 ST MIAMI, FL 33136-3508			Mailing Address 15515 S.W 177 AVE MIAMI, FL 33187-1213		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0366255	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ESQUIJAROSA, PAULO 19780 SW 177 AVE #125 MIAMI, FL 33187				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 18407 SW 154 St. City Miami FL Zip Code 33187-1221	
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 <i>Paulo Esquijarosa</i> <small>Signature, typed or printed name of registered agent and state if applicable.</small>		PAULO ESQUIJAROSA PRESIDENT		DATE 04/24/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD ESQUIJAROSA, PAULO 19780 SW 177 AVE #125 MIAMI, FL 33187 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	18407 SW 154 St. Miami FL 33187-1221 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Paulo Esquijarosa</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		PAULO ESQUIJAROSA PRESIDENT		Date 04/24/06 (305) 259-4800	

40071983



04242006 Chg-P CR2E034 (11/05)