

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707788

FILED  
Feb 08, 2005  
Secretary of State

Entity Name: ISLE OF PARADISE "E", INC.

**Current Principal Place of Business:**

465 PARADISE ISLE BLVD  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

465 PARADISE ISLE BLVD  
HALLANDALE, FL 33009

**New Mailing Address:**

FEI Number: 59-1091811

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONSTANTINO, CARMELO  
465 PARADISE ISLE BLVD.  
# 108  
HALLANDALE, FL 330095893 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: COSTANTINO, CARMELO  
Address: 465 PARADISE ISLE BLVD. #108  
City-St-Zip: HALLANDALE BEACH, FL 330095893

Title: VPD ( ) Delete  
Name: AVVENIRI, LUIGI  
Address: 465 PARADISE ISLE BLVD. #301  
City-St-Zip: HALLANDALE, FL 333095893

Title: VPD ( ) Delete  
Name: COLLETT, GERARD  
Address: 465 PARADISE ISLE BLVD. #109  
City-St-Zip: HALLANDALE, FL 333095893

Title: TD ( ) Delete  
Name: STUBBS, JANE  
Address: 465 PARADISE ISLE #307  
City-St-Zip: HALLANDALE BEACH, FL 330095893

Title: SD ( ) Delete  
Name: VISHNO, LEAH  
Address: 465 PARADISE ISLE BLVD. #103  
City-St-Zip: HALLANDALE BEACH, FL 330095893

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE STUBBS

TD

02/08/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date