


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90051 050 \*\*\*\*61.25

<b>DOCUMENT # N96000003984</b> 1. Entity Name <b>PARAISO CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1000 W 28 ST.APT. 5</b> <b>ATTN: LORNA SANCHEZ</b> <b>HIALEAH, FL 33010</b>			Mailing Address <b>1000 W 28 ST.APT. 5</b> <b>ATTN: LORNA SANCHEZ</b> <b>HIALEAH, FL 33010</b>		
2. Principal Place of Business - No P.O. Box # <b>1000 W 28 Street</b>		3. Mailing Address <b>1000 W 28 Street</b>			
Suite, Apt. #, etc. <b>Apt # 11 Attn: Jose Montesino</b>		Suite, Apt. #, etc. <b>Apt # 11 Attn: Jose Montesino</b>			
City & State <b>Hialeah Florida</b>		City & State <b>Hialeah Florida</b>		4. FEI Number <b>65-0508664</b>	
Zip <b>33010</b>		Country <b>Dade</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MONTESINO, JOSE</b> <b>1000 W 28 ST</b> <b>APT 11</b> <b>HIALEAH, FL 33010</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<div style="text-align: right;"> <b>Make check payable to</b>  <b>Florida Department of State</b> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANTESINO, JOSE 1000 W. 28 STY #11 HIALEAH, FL 33010		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Montesino, Jose 1000W. 28 Street Apt # 11 Hialeah, Fl. 33010	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PINKNEY, CARLOS J 1000 W 28 ST.APT. 5 HIALEAH, FL 33010		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Pinckney, Carlos J. 1000 W 28 Street Apt # 11 Hialeah, Fl. 33010	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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 617, 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.					
<b>SIGNATURE:</b> _____			Carlos J. Pinckney		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>2/10/07</b> Daytime Phone #		

40016773



02012007 Chg-NP CR2E037 (12/06)