


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90287 040 ***150.00

DOCUMENT # P04000023267

1. Entity Name
PARADISE CABINETS, INC.



Principal Place of Business Mailing Address
712 WISTERIA DR **712 WISTERIA DR**
MELBOURNE, FL 32901 **MELBOURNE, FL 32901**

14011161



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01072005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
84-1638381 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
|--|--|--|----------|
| SERVETAS, MIKE SR. 712 WISTERIA DR MELBOURNE, FL 32901 | | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 D | <input type="checkbox"/> Delete | TITLE D, P, S, T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SERVETAS, MIKE SR | | NAME | |
| STREET ADDRESS 712 WISTERIA DR | | STREET ADDRESS | |
| CITY-ST-ZIP MELBOURNE, FL 32901 | | CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> Delete | TITLE D, VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SERVETAS, MIKE JR | | NAME | |
| STREET ADDRESS 712 WISTERIA DR | | STREET ADDRESS | |
| CITY-ST-ZIP MELBOURNE, FL 32901 | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **Mike Servetas** **4-27-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #