2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2004 8:00 am Secretary of State 04-30-2004 90226 041 ***150.00 DOCUMENT # P94000029990 1. Entity Name PARADISE GRAND MARKETING, INC. Principal Place of Business Mailing Address 94074260 1415 LOUISIANA STREET 1415 LOUISIANA STREET **SUITE 3050 SUITE 3050** HOUSTON, TX 77002 HOUSTON, TX 77002 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192004 Chq-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State 65-0480792 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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. 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, 2004 Fee will be \$550.00 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition GORLICK, ALFRED NAME STREET ADDRESS CASINO DRIVE STREET ADDRESS NASSAU, BAHAMAS, CITY-ST-ZIP CITY-ST-ZIP TITLE VD Delete TITLE Change ☐ Addition RONALD L. EVANS NAME NAME STREET ADDRESS 1415 LOUISIANA, SUITE 3050 STREET ADDRESS CITY-ST-ZIP HOUSTON, TX CITY-ST-ZIP TITLE TAS Delete ☐ Change ☐ Addition MAGUIRE, PETER NAME NAME CASINO DRIVE STREET ADDRESS STREET ADDRESS NASSAU, BAHAMAS, CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE BLOHM, RICHARD E JR. NAME 1415 LOUISIANA, SUITE 3050 STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Delete

☐ Delete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

HOUSTON, TX 77002

BLUES, ErnesT

Casino prive

NASSAU, Bahamas

MELINDA A.CARE)

1415 LOUISIANA, SUITE 3050

ham SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

Change

☐ Addition

Addition

FILED

EVANS RONALD L