

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000046871

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: PARADISE PAINTING & WATERPROOFING, INC.

**Current Principal Place of Business:**

12000 BISCAYNE BLVD, SUITE 507  
MIAMI, FL 33181 US

**New Principal Place of Business:**

**Current Mailing Address:**

12000 BISCAYNE BLVD, SUITE 507  
MIAMI, FL 33181 US

**New Mailing Address:**

FEI Number: 65-0678187      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CHIARATO, UGO V  
12000 BISCAYNE BLVD, SUITE 507  
MIAMI, FL 33181 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: VALDES, EDUARDO V  
Address: 1571 NW 175TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: AVD ( ) Delete  
Name: VALDES, VICTOR H SR.  
Address: 1714 NW 175 ST  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: SD ( ) Delete  
Name: VALDES, ALEJANDRO A  
Address: 1755 NE 175 ST  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: TD ( ) Delete  
Name: VALDES, WILLIAM P  
Address: 1714 NE 175 ST  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

**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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM VALDES

TD

04/27/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date