

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90405 049 ***150.00

DOCUMENT # P05000140474 1. Entity Name PARADISE POOL CARE, CORP			
Principal Place of Business 201 RACQUET CLUB ROAD APT S502 WESTON, FL 33326 US		Mailing Address 201 RACQUET CLUB ROAD APT S502 WESTON, FL 33326 US	
2. Principal Place of Business No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 266914 Suite, Apt. #, etc.	
City & State City: WESTON, FL		4. FEI Number 20-3644799	
Zip 33326		Country US	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ISABEL, ISIS SRA 9540 NW 18 MANAOR PLANTATION, FL 33322		7. Name and Address of Now Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY- ST- ZIP	P MERINO, JOSE DANIEL SR 201 RACQUET CLUB ROAD APT S502 WESTON, FL 33326 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP MOSCOSO, LETICIA F SRA 201 RACQUET CLUB ROAD APTS502 WESTON, FL 33326 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied is true and correct (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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, title or other like employment.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR		04.26.07 9546242600 Date Daytime Phone #	