


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000140474</b>		
1. Entity Name PARADISE POOL CARE . CORP		
Principal Place of Business 201 RACQUET CLUB ROAD APT S502 WESTON, FL 33326 US	Mailing Address P.O. BOX 266914 WESTON, FL 33326 US	



03102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-3644799	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

ISABEL, ISIS SRA  
9540 NW 18 MANAOR  
PLANTATION, FL 33322

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE

03.10.08

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MERINO, JOSE DANIEL SR 201 RACQUET CLUB ROAD APT S502 WESTON, FL 33326
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04/01/08-80024-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.10.08

Date

954 624 2600

Daytime Phone #