

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000057714

**FILED**  
**Mar 12, 2013**  
**Secretary of State**  
**CC5878897114**

**Entity Name:** PARAISO PINES RESTAURANT, INC

**Current Principal Place of Business:**

15717 PINES BOULEVARD  
SUITE C-5  
PEMBROKES PINES, FL 33027

**Current Mailing Address:**

13200 WEST DIXIE HIGHWAY  
NORTH MIAMI, FL 33161 D

**FEI Number:** 26-0195505

**Certificate of Status Desired:** No

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

MARZOUKA, JAMAL GP  
971 N.E. 181 STREET  
N.M.B., FL 33162 US

*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

**Officer/Director Detail :**

Title	P	Title	VP
Name	MARZOUKA, JAMAL GP	Name	PAZ, ARTURO VP
Address	971 N.E. 181 STREET	Address	13640 SW 19TH STREET
City-State-Zip:	N.M.B. FL 33162	City-State-Zip:	MIRAMAR FL 33027
Title	TR		
Name	MARZOUKA, SANDRA		
Address	13640 SW 19TH STREET		
City-State-Zip:	MIRAMAR FL 33027		

*I hereby 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 all other like empowered.*

**SIGNATURE:** JAMAL MARZOUKA

**OWNER**

**03/12/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date