

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000068333

**Entity Name:** PARADISE TROPICAL RESTAURANT INC.

**Current Principal Place of Business:**

1700 45 STREET,  
1743  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

1700 45 STREET,  
1743  
WEST PALM BEACH, FL 33407

**FEI Number:** 85-2845246

**Certificate of Status Desired:** No

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

THELIGENE, RAYMOND J  
1700 45 STREET  
1743  
WEST PALM BEACH, FL 33407 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  
Name THELIGENE, RAYMOND J  
Address 1700 45 STREET #1743  
City-State-Zip: WEST PALM BEACH FL 33407

Title VP  
Name THELIGENE, MARIE A  
Address 1743 45 STREET  
City-State-Zip: WEST PALM BEACH FL 33407

*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:** RAYMOND THELIGENE

**PRESIDENT**

**04/30/2022**

Electronic Signature of Signing Officer/Director Detail

Date