2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # 634174

1. Entity Name
PARADISE EIGHTY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 536401 ORLANDO, FL 32853	P.O. BOX 536401 ORLANDO, FL 32853

DO NOT WRITE IN THIS SPACE

01032005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1976289

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TOWNSEND, FRANK M.
520 EMMETT STREET
KISSIMMEE, FL 32741

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
~~After 2005 Fee will be $550.00~~

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000255776
03/08/05-80028-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NASRINN GHAFFARPOUR
STREET ADDRESS	5367 VINELALND RD
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	SD
NAME	SABETI, PARDIS
STREET ADDRESS	8572 LANSMERE LANE
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	VT
NAME	PARVIZ, SABETI
STREET ADDRESS	5367 VINELANE RD
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	VP
NAME	PARISA, SABETI
STREET ADDRESS	8572 LANSMERE LANE
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Parisa Sabeti 3-4-05 407-8766057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #