

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 634174	
1. Entity Name PARADISE EIGHTY, INC.	

FILED
Jun 11, 2008 08:00 AM
Secretary of State



Principal Place of Business 136 E COLONIAL DR 200 ORLANDO FL 32801	Mailing Address P.O. BOX 536401 ORLANDO FL 32853
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-1976289	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent TOWNSEND, FRANK M. 520 EMMETT STREET KISSIMMEE FL 32741
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7. Name and Address of New 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 re-registering)
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NASRINN GHAFARPOUR 5367 VINELAND RD ORLANDO FL 32811 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SABETI, PARDIS 8572 LANSMERE LANE ORLANDO FL 32835 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PARVIZ, SABETI 5367 VINELAND RD ORLANDO FL 32811 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARISA, SABETI 8572 LANSMERE LANE ORLANDO FL 32835 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U000000952949 06/11/08-80001-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another like empowered.

SIGNATURE: <i>Parisa Sabeti</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
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