2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708564

FILED Jun 22, 2010 Secretary of State

Entity Name: ISLE OF PARADISE "F", INC.

Current Principal Place of Business: New Principal Place of Business:

455 PARADISE ISLE BLVD. HALLANDALE, FL 33009

Current Mailing Address: New Mailing Address:

455 PARADISE ISLE BLVD. APT 404 HALLANDALE, FL 33009

FEI Number: 59-1106744 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CORRIGAN, THOMAS

455 PARADISE ISLE BLVD.

APT 204

HALLANDALE, FL 33009 US

GOMEZ, MICHAEL ESQ

1920 TYLER STREET

HOLLYWOOD, FL 33020 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: MICHAEL GOMEZ, ESQ, 06/22/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VPD

Name: WELTI, ALAN

Address: 455 PARADISE ISLE BLVD SUITE 407

City-St-Zip: HALLANDALE, FL 33009

Title: SD

Name: WELTI, MARY

Address: 455 PARADISE ISLE BLVD SUITE 409

City-St-Zip: HALLANDALE, FL 33009

Title: TD

Name: SALVATORE, LIISTRO

Address: 455 PARADISE ISLE BLVD., APT 207

City-St-Zip: HALLANDALE, FL 33009

Title: TD

Name: AMADOR, ROMAN E

Address: 455 PARADISE ISLE BLVD SUITE 405

City-St-Zip: HALLANDALE, FL 33009

Title: SD

Name: BORELLI, ROBERT

Address: 455 PARADISE ISLE BLVD SUITE 106

City-St-Zip: HALLANDALE, FL 33009

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SALVATORE LISTRO TD 06/22/2010