

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90031 024 \*\*\*\*\*8.75  
 03-13-2008 90032 012 \*\*\*\*\*52.50

**DOCUMENT # 715941**  
 1. Entity Name  
**PARADISE GARDENS, INC.**



Principal Place of Business Mailing Address  
**2420 JOHNSON STREET HOLLYWOOD FL 33020**      **2420 JOHNSON STREET HOLLYWOOD FL 33020**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number **23-7059295**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CEPERO, ALEJANDRO**  
**2420 JOHNSON ST. AP. 206**  
**HOLLYWOOD FL 33020**

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: *Gisela Arroyo* **GISELA ARROYO (VT)**      2/11/08  
Signature, typed or printed name of registered agent, and date of filing. (NOTE: Registered Agent signature is not used when registering.)      DATE

**FILE NOW FEE IS \$61.25**  
**Due By May 1, 2008**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CEPERO, ALEJANDRO</b>	
STREET ADDRESS	<b>2420 JOHNSON AT. AP. 206</b>	
CITY- ST- ZIP	<b>HOLLYWOOD FL 33020</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> Delete
NAME	<b>ARROYO, GISELA</b>	
STREET ADDRESS	<b>2420 JOHNSON ST APT 204</b>	
CITY- ST- ZIP	<b>HOLLYWOOD FL 33020</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>NIETO, ILIE</b>	
STREET ADDRESS	<b>2420 JOHNSON ST. APT 305</b>	
CITY- ST- ZIP	<b>HOLLYWOOD FL 33020</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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 617, 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: *Gisela Arroyo* **GISELA ARROYO**      2/11/08 (954) 673-1885  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      DSS Form 1003 8