## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # F23136**

1. Entity Name FISH'S PARADISE, INC.



FILED Apr 06, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

4200 W. HALLANDALE BEACH BLVD. HOLLYWOOD, FL 33023 4200 W. HALLANDALE BEACH BLVD. HOLLYWOOD, FL 33023

DO NOT WRITE IN THIS SPACE

03152006 No Crig-P		CR2E034 (11/05)		
	Number 1-2074255	Applied For Not Applicate		
5. Cer	lificate of Status Desire	\$8.75 Additional		

Fee Required

6. Name and Address of Current Registered Agent

CHOPSKI, JOSEPH B 3751 N 55 AVE HOLLYWOOD, FL 33021

## DO NOT WRITE IN THIS SPACE

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 it applicable. (NOTE: Registered Agent signature required when relinatating)  DATE							
FILE NOWIII FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			cing 🗆	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS			<u> </u>		
Title Name Street address City-St-Zip	VDS CHOPSKI, JOYCE C. 3751 N. 65TH AVE. HOLLYWOOD, FL	·		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
TITLE NAME STREET ADDRESS CUTY-ST-ESP	DP CHOPSKI, JOSEPH B 3751 N. 55TH AVE. HOLLYWOOD, FL				07/20/00 00043 011 130:00		
title Name Street address City-St-Zip				DO NOT WRITE			
TITLE HAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS							

12. It hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 all other like empowered.