2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G63385

1. Entity Name

PARADISE ISLAND INVESTMENT CORP.



FILED Apr 05, 2004 08:00 AN Secretary of State

CR2E034 (10/03)

Fee Required

1971 Y. S. S. L. A. P. W. E. E.

Principal Place of Business

Mailing Address

255 COREY AVENUE P. O. BOX 67128 255 COREY AVENUE P. O. BOX 67128

ST. PETERSBURG BCH., FL 33736

P. O. BOX 67128 ST. PETERSBURG BCH., FL 33736



DO NOT WRITE IN THIS SPACE

LACK WITH USENIA
Not Applicable
Applied For

8. Name and Address of Current Registered Agent

KLINGEL, JOSEPH W 255 COREY AVE ST. PETERSBURG BCH., FL 33736

the obligations of registered agent.

SIGNATURE:

DO NOT WRITE IN THIS SPACE

No Chg-P

03242004

Joseph W. Klingel

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstaturg) DATE							
	E NOW!!! FEE IS \$150.00 by 1, 2004 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000102504 U4/U5/U4-80017-025 150.0	0	
10.	OFFICERS AND DIREC	TORS			ستوري ومعدا سور ومعال	-,	
HILE NAME STREET ADDRESS CHY-ST-ZIP	DPST KLINGEL, JOSEPH W. 255 COREY AVE, BOX 67128 ST PETE. BCH., FL	· •					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_,			un de la companya de	-2-1	
TITLE NAME STREET ADDRESS CITY+ST-ZIP				DO	NOT WRITE		
NAME STREET ADDRESS CATY-ST-ZIP				IN ⁻	THIS SPACE		
IITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP					and the second of the second o	خ اصبر، ما العالم،	
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 eath; 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.							

OFFICER OR DIRECTOR

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