

FILED

Apr 28, 2008 08:00 AM  
Secretary of State

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L04000037758

1. Entity Name  
PARADISE FINANCIAL GROUP, L.L.C.



Principal Place of Business  
2828 CORAL WAY  
SUITE 300  
MIAMI, FL 33145

Mailing Address  
2828 CORAL WAY  
SUITE 300  
MIAMI, FL 33145

000000325495  
05/20/08-80029-012 138.75



04232008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FBI Number  
20-1091181 Applied For  
Not Applicable  
5. Certificate of Status Desired  \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FAUSTO ALVAREZ  
2828 CORAL WAY  
SUITE 300  
MIAMI, FL 33145

**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 if applicable.

(NOTE: Registered Agent signature required when retreating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$338.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ENCIO, RAUL O 11338 BISCAYNE BLVD. MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHAVES, MAXIMILLIANO A 11338 BISCAYNE BLVD. MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04/22/08

Date

Daytime Phone # \_\_\_\_\_