# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 08, 2008**
**Secretary of State**

DOCUMENT# N05000010521

**Entity Name:** PARADISE AIDS FOUNDATION INC

**Current Principal Place of Business:**

1511 EAST FOWLER AVENUE
G
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

1511 EAST FOWLER AVENUE
G
TAMPA, FL 33612

**New Mailing Address:**

**FEI Number: 20-3625534** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

ASOMBA, AUSTIN
1511 EAST FOWLER AVENUE
G
TAMPA, FL 33612 US

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

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: O ( ) Delete
Name: ASOMBA, AUSTIN
Address: 1511 EAST FOWLER AVENUE
City-St-Zip: TAMPA, FL 33612

Title: O ( ) Delete
Name: OJINAKA, CHINYERE
Address: 518 RICHLYNE ST APT C
City-St-Zip: TAMPA, FL 33617

Title: O ( ) Delete
Name: OKECHUKWU, ANGELA
Address: 2225 E 131ST AVENUE #6102
City-St-Zip: TAMPA, FL 33612

Title: O ( ) Delete
Name: AKINRISI, FEMI
Address: 1018 E 108TH AVENUE
City-St-Zip: TAMPA, FL 33612

Title: O ( ) Delete
Name: OBI, ROWLAND
Address: 8508 WALLABY WAY
City-St-Zip: TAMPA, FL 33635

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DIR (X) Change ( ) Addition
Name: ASOMBA, AUSTIN
Address: 1511 EAST FOWLER AVENUE
City-St-Zip: TAMPA, FL 33612

Title: VP (X) Change ( ) Addition
Name: OJINAKA, CHINYERE
Address: 518 RICHLYNE ST APT C
City-St-Zip: TAMPA, FL 33617

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: AUSTIN ASOMBA DIR 04/08/2008

Electronic Signature of Signing Officer or Director — Date