

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 16, 2011
Secretary of State

Entity Name: PARADISE AIDS FOUNDATION INC

Current Principal Place of Business:

1739 EAST HILLSBOROUGH AVEUNE
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

P. O .BOX 310845
TAMPA, FL 33680

New Mailing Address:

FEI Number: 20-3625534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASOMBA, AUSTIN
4754 BUTLER NATIONAL DR
WESLEY CHAPEL, FL 33543 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: DIR
Name: ASOMBA, AUSTIN
Address: 4754 BUTLER NATIONAL DR
City-St-Zip: WESLEY CHAPEL, FL 33543

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

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

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

Title: O
Name: OKEKE, PAUL
Address: 11310 MARION LAKE COURT
City-St-Zip: RIVERVIEW, FL 33569

Title: O
Name: OKIGBO, OKECHUKWU DR
Address: 4754 BUTLERNATIONAL DR
City-St-Zip: WESLEYCHAPEL, FL 33543

I hereby 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 all other like empowered.

SIGNATURE: AUSTIN ASOMBA

DIR

03/16/2011

Electronic Signature of Signing Officer or Director

Date