2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N92000000646

Entity Name: WEEKEND IN PARADISE, INC.

Current Principal Place of Business:

3685 NW 106 STREET
MIAMI, FL 33147 US

New Principal Place of Business:

Current Mailing Address:

14425 SW 149 TERRACE
MIAMI, FL 33186 US

New Mailing Address:

3685 NW 106 STREET
MIAMI, FL 33147 US

FEI Number: 65-0401598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATTERSON, ROBERT
14425 SW 149 TERRACE
MIAMI, FL 33186 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	( ) Delete
Name:	DENNY, JIM	
Address:	10910 S.W. 136TH CT.	
City-St-Zip:	MIAMI, FL 33186	
Title:	DIR	( ) Delete
Name:	WUNSCH, ROBERT	
Address:	2116 NE 27 DRIVE	
City-St-Zip:	FT. LAUDERDALE, FL 33306	
Title:	DIR	( ) Delete
Name:	BUZA, RAYMOND	
Address:	214 EAST LAKEWOOD ROAD	
City-St-Zip:	WEST PALM BEACH, FL 33405	
Title:	DIR	( ) Delete
Name:	ARCH, ALLAN	
Address:	3685 NW 106 STREET	
City-St-Zip:	MIAMI, FL 33147	
Title:	DIR	( ) Delete
Name:	BRAMBLETT, BRIAN	
Address:	15951 SW 79 COURT	
City-St-Zip:	VILLAGE OF PALMETTO BAY, FL 33157	
Title:	DIR	( ) Delete
Name:	KELLER, LARRY	
Address:	7050 SW 82 COURT	
City-St-Zip:	MIAMI, FL 33143	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: ALLAN ARCH DIR 03/23/2009

Electronic Signature of Signing Officer or Director — Date