2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# N99000006502

Entity Name: PARADISE WORSHIP CENTER, INC.

Current Principal Place of Business:

18982 N.W 2ND AVE
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

18982 N.W 2ND AVE
MIAMI, FL 33169

New Mailing Address:

5960 N. W. 186 TH STREET UNIT # 308
MIAMI, FL 33015

FEI Number: 65-0891403 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOSEPH, ORNALD D
18800 NW 2 AVE ROOM 207A
MIAMI, FL 33169

Name and Address of New Registered Agent:

JOSEPH, ORNALD D
5960 N.W. 186 TH STREET UNIT # 308
MIAMI, FL 33015

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: _____ 04/29/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JOSEPH, ORNALD D
Address: 5960 NW 186 STREET #308
City-St-Zip: HIALEAH, FL 33015

Title: STD ( ) Delete
Name: JOSEPH, SUZETTE
Address: 5960 NW 186 STREET #308
City-St-Zip: HIALEAH, FL 33015

Title: CD ( ) Delete
Name: HUGGINS, KEPTRINE
Address: 5960 NW 186 STREET #308
City-St-Zip: HIALEAH, FL 33015

Title: VD ( ) Delete
Name: TORRES, MATHIAS
Address: 8469 SOUTH HAMPTON DRIVE
City-St-Zip: MIRAMAR, FL 33025

Title: SD ( ) Delete
Name: WILLIAMS, MUREEN J
Address: 1950 NW 184 STREET
City-St-Zip: MIAMI, FL

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ORNALD D. JOSEPH PD 04/29/2004
Electronic Signature of Signing Officer or Director — Date