

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90108 001 ****94.50
01-22-2008 90108 002 ****55.50

DOCUMENT # P00000050919	
1. Entity Name REXMERE/PARADISE SALES, INC.	

Principal Place of Business POST OFFICE BOX 8960 RANCHO SANTA FE, CA 92607	Mailing Address POST OFFICE BOX 8960 RANCHO SANTA FE, CA 92607
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66000243



2. Principal Place of Business - No P.O. Box # 11300 Rexmere Boulevard	3. Mailing Address 11300 Rexmere Boulevard
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01042008 Chg-P CR2E034 (12/06)

City & State Davie, Florida	City & State Davie, Florida
Zip 33325	Zip 33325
Country USA	Country USA

4. FEI Number 65-1025150	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JON, HINDEN A ESQ 4430 SW 64TH AVE DAVIE, FL 33314	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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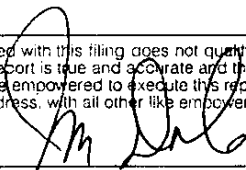
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	(NOTE: Registered Agent signature required, if when not stating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	☒ Delete	TITLE President	☒ Change ☐ Addition
NAME DALE, JAMES M		NAME Dale, James M.	
STREET ADDRESS 5637 LA GRANADA		STREET ADDRESS 11300 Rexmere Boulevard	
CITY-ST-ZIP RANCHO SANTA FE, CA 92067		CITY-ST-ZIP Davie, Florida 33325	
TITLE SE	☒ Delete	TITLE Secretary	☒ Change ☐ Addition
NAME DALE, BONNIE L		NAME Dale, Bonnie L.	
STREET ADDRESS 5637 LA GRANADA		STREET ADDRESS 5 Melville Walk	
CITY-ST-ZIP RANCHO SANTA FE, CA 92067		CITY-ST-ZIP Hingham, MA 02043	☐ Change ☒ Addition
TITLE	☐ Delete	TITLE Vice President	☐ Change ☒ Addition
NAME		NAME Bachelor Danielle	
STREET ADDRESS		STREET ADDRESS 11300 Rexmere Boulevard	
CITY-ST-ZIP		CITY-ST-ZIP Davie, Florida 33325	☐ Change ☐ Addition
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	01/14/08	954-492-1233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #