


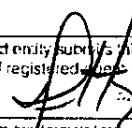
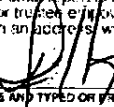
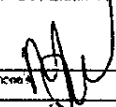
2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/10/2004-90468-009-\$150.00-\$150.00

FILED

04 JUN -1 AM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000090690			
1. Entity Name GOLDEN PARADISE, CORP.			
Principal Place of Business 7483 SW 8 ST MIAMI, FL 33144		Mailing Address 7483 SW 8 ST 2ND FLOOR MIAMI, FL 33144	
2. Principal Place of Business 5551 SW 136 Court		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami FL		City & State	
4. FEI Number 65-1042874		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03182004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent GARCIA, WILLIAM 9917 W. OKEECHOBEE RD 4509 HIALEAH, FL 33016		7. Name and Address of New Registered Agent Name: Belkys Hernandez Street Address (P.O. Box Number Is Not Acceptable): 5551 SW 136 Court City: Miami FL Zip Code: 33175	
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 when so noting) EX-FE			
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GARCIA, WILLIAM 9917 W. OKEECHOBEE RD 4509 MIAMI, FL 33175 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Belkys Hernandez <input type="checkbox"/> Change <input type="checkbox"/> Addition 5551 SW 136 Court N. FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Iw empowered			
SIGNATURE: 		Date: 05-03-04 	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	