

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

06-16-2004 90013 001 \*\*\*150.00  
07-26-2004 90007 019 \*\*\*400.00

**DOCUMENT # P00000117136**

1. Entity Name  
**PACIFIC PARADISE, INC.**



Principal Place of Business  
**17875 COLLINS AVE UNIT 2501  
SUNNY ISLES BEACH, FL 33160**

Mailing Address  
**2875 NE 191 STREET  
801  
AVENTURA, FL 33180**

**44049782**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07012004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SERBER, DANIEL J  
2875 NE 191 STREET  
801  
AVENTURA, FL 33180**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SABA, LUIS  
17875 COLLINS AVE UNIT 2501  
SUNNY ISLES BEACH, FL 33160** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
DE SABA, LELA KABLY  
17875 COLLINS AVENUE UNIT 2501  
SUNNY ISLES BEACH, FL 33160** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
SABA, SOLOMON K  
17875 COLLINS AVENUE UNIT 2501  
SUNNY ISLES BEACH, FL 33160** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
KABLY, LELA  
17875 COLLINS AVE UNIT 2501  
SUNNY ISLES BEACH, FL 33160** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 a, other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LUIS SABA**

**07/20/04 (305) 932-6262**

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

Attachment

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06022004

Chg-P

CR2E034 (10/03)

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE SD  
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CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE TD  
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☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP

☐ Change

☐ Addition

TITLE PD  
NAME KABLY, LELA  
STREET ADDRESS 17875 COLLINS AVE UNIT 2501  
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

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STREET ADDRESS  
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS SABA

04/28/04 (301) 932-6262

Attachment

SERBER & ASSOCIATES, P.A.

OPERATING ACCOUNT  
TURNBERRY PLAZA, SUITE 801  
2875 NE 19<sup>TH</sup> STREET  
AVENTURA, FL 33180

MELLON UNITED NATIONAL BANK

6166

63-964/670

6/14/2004

44049782  
# P00000117136

\$ \*\*150.00

PAY

TO THE  
ORDER OF

Florida Department Of State

One Hundred Fifty and 00/100\*\*\*\*\*

DOLLARS

Florida Department Of State

MEMO

Renewal Pacific Paradise, Inc.

AUTHORIZED SIGNATURE

NP

Security features. Details on back.

SERBER & ASSOCIATES, P.A.

Florida Department Of State

Renewal Pacific Paradise, Inc.

6/14/2004

6166

150.00

Cash-Operating-Mellon

Renewal Pacific Paradise, Inc.

150.00

Attachment

44049782

# P00000117136

Turnberry Plaza, Suite 801  
2875 Northeast 191<sup>st</sup> Street  
Aventura, Florida 33180  
Telephone 305-932-6262  
Telefax 305-933-9393

**SERBER & ASSOCIATES, P.A.**

# Fax

**FAX TRANSMITTAL**

ALSO BEING SENT BY REGULAR MAIL. YES ☐ NO ☐

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**To:** FLORIDA DEPARTMENT OF STATE

**From:** SERBER AND ASSOCIATES

**Fax:**

**Pages:**

**Phone:**

**Date:** July 21, 2004

**Re:** PACIFIC PARADISE, INC. ANNUAL REPORT

**Urgent**

☐ **For Review**

☐ **Please Comment**

☐ **Please Reply**

☐ **Please Recycle**

● **Comments:**

In regard to the above referenced matter, following are the copies of the Annual Report with check in the amount of \$150.00 sent to Division of Corporations and the check in the amount of \$ 400.00 to complete the \$ 550.00 renewal amount.

Thank you very much for you help and cooperation in this matter. If you have any questions, please feel free to contact me.

SUSANA POMERANIEC @ SERBER AND ASSOCIATES