OR PROFIT CORPORATION UNI DRM BUSINESS REPORT (UBR) DOCUME T # PO100000 4754 03 OCT -7 PM 12: 25 DO NOT WRITE IN THIS SPACE 500023937055 10/20/03-01009--031 **158.75 2. Principal Place of Business 3. Mailing Address 1010 Som l Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State FEI Number Applied For 651097540 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Dade Fee Required 7. Name and Address of Current Registered Agent Jose GREGORIO DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) to 1010 F 47 st Suite IN THIS SPACE Zip Code 330/.3 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 10-5-03 (NOTE: Registered Agent signature required when reinstating January 1 - May 1 Fee is \$150.00 - 5 - 5 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. President + Vice President TITLE TITLE NAME NAME Jose Luis Gregorio STREET ADDRESS STREET ADDRESS 1010 E 47st CITY-ST-ZIP CITY-ST-ZIP TITLE 11116 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7IP шия TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CHY-ST-ZIP CITY-ST-ZIP THUE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP TITLE HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE TITLE NAME NAME. STREET ADDRESS STREET ADURESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 11 or on an attachment with an address, with all other like empowered.

(305) 790—

SIGNATURE:

| Signature | S

Re: Paradise Home + Design Corp. Doc # PO 100000 4754

To whom it way concern.

Renual form for my corp. I call Valladossee

Here Instructed me to write a letter

Explaining this in writing and so send

this letter with a check for \$ 150,—

for the reveral form for Corporation.

Thanks & Doe Jun Herenon Jose Luis Gregorio President + VP4 Directors

Tel * (305) 790-8484 *

1010 E 47 St.

Suite A