


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000057367</b>	
<b>1. Entity Name</b> PARADISE LAKES LEARNING CENTER, INC.	

<b>Principal Place of Business</b> 16760 SW 88TH STREET MIAMI, FL 33196	<b>Mailing Address</b> 16760 SW 88TH STREET MIAMI, FL 33196
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DO NOT WRITE IN THIS SPACE



02242004 No Chg-P CR2E034 (10/03)

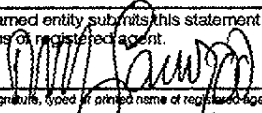
<b>4. FEI Number</b> 65-1124400	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

SAMAROO, MAUREEN  
10870 SW 113 PLACE  
MIAMI, FL 33176

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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:**  Maureen Samaroo 02/24/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$350.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000092527</b> <b>03/19/04-80012-012 150.00</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> D	<b>NAME</b> SAMAROO, MAUREEN
<b>STREET ADDRESS</b> 10870 SW 113 PLACE	<b>CITY-ST-ZIP</b> MIAMI, FL 33176
<b>TITLE</b> VP	<b>NAME</b> SAMAROO, GERARD
<b>STREET ADDRESS</b> 16760 SW 88 ST	<b>CITY-ST-ZIP</b> MIAMI, FL 33196
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP
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<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP

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**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 like empowered.**

**SIGNATURE:**  Gerard SAMAROO 02/24/04 (305) 383-8288  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #