

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000074539

1. Entity Name
PARADISE INVESTORS, INC.



**FILED
Jan 14, 2004 8:00 am
Secretary of State**

01-14-2004 90003 005 ***150.00

94002092



01102004 Chg-P CR2E034 (10/03)

Principal Place of Business		Mailing Address	
312 SW 11TH AVE. BOYNTON BEACH, FL 33435		312 SW 11TH AVE. BOYNTON BEACH, FL 33435	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
VAN DE WORKER, JOHN 312 SW 11TH AVE. BOYNTON BEACH, FL 33435			
7. Name and Address of New Registered Agent			
Name _____			
Street Address (P.O. Box Number is Not Acceptable) _____			
City _____ 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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAN DE WORKER, JOHN		NAME		
STREET ADDRESS	312 SW 11TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CID, LEONARDO		NAME		
STREET ADDRESS	1408 SW 22ND AVENUE		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 all other like empowered.

SIGNATURE: *John Van De Worker* *John Van De Worker* 1/10/04 (561) 702-0334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #