## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # P01000076224  1. Entity Name  AMANDA'S PARADISE, INC.				Jan 26, 2005 08:00 AM Secretary of State
Principal Place of Business 6132 SW 129TH COURT MIAMI FL 33183		Mailing Address 6132 SW 129TH COURT MIAMI FL 33183	T	
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt #, etc		1st MOORE CR2E034 (10/04)
City & State		City & State		4. FEI Number 65-1126248 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
VERA, MARIO M 201 S.W. 51ST COURT MIAMI FL 33174			Name Street Address	(P.O. Box Number is Not Acceptable)
			City	FL Zip Code
After	Squature, typed or printed name of registered agen  ILE NOW!!! FEE IS \$150.00  May 1, 2005 Fee Will Be \$550.00  k Payable to Florida Department of		Registered Agent signature requir	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICE AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	DPS VERA, CARMEN R 201 S.W. 51 COURT MIAMI FL 33174	☐ Delete	THILE NAME STREET ADDRESS CITY ST-ZIP	01/27/05-80014-002□\$&%00□ Addition
NAME STREET ADDRESS CITY-ST-ZIP	DT VERA, MARIO M 201 S.W. 51 COURT MIAMI FL 33174	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIF	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST-ZIP		- Delete	THEE NAME STREET ADDRESS CITY-ST-7IP	☐ Change ☐ Addition
NAME STREET ADDRESS CHY ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addilion

**FILED** 

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. 1 1- 23-05 3866675 Date Dayting Phone #

AME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: /