


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000075163 1. Entity Name AN ORCHID PARADISE, INC.	
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Principal Place of Business 4675 S.W. 143 AVENUE MIAMI, FL 33175	Mailing Address 4675 S.W. 143 AVENUE MIAMI, FL 33175
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02082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1615494	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CANCIO, MARIA T 4675 S.W. 143 AVENUE MIAMI, FL 33175
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**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CANCIO, MARIA T 4675 S.W. 143 AVENUE MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CANCIO, JORGE L 4675 S.W. 143 AVENUE MIAMI, FL 33175
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02/18/05-80040-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #