2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90187 023 ***150.00

DOCUMENT # P02000095932

1. Entity Name
PARADISE INSTALLATION, INC.

50048477

Principal Place of Business	Mailing Address
711 NORTH PINE ISLAND ROAD APT 421 PLANTATION, FL 33324	711 NORTH PINE ISLAND ROAD APT 421 PLANTATION, FL 33324

04142005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
801 NE 59 St	801 NE 59 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. LAUDERDAle, Fl	City & State: Ft. Lauderdale, Fl.
Zip 33334 Country USA	Zip 33334 Country USA

4. FEI Number 52-2376961 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FERRERI, VINCENT J
711 NORTH PINE ISLAND ROAD APT 421
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name: VINCENT FERRERI
Street Address (P.O. Box Number is Not Acceptable): 801 NE 59 th St
City: Ft. LAUDERDALE FL Zip Code 33334

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 ______________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRERI, VINCENT J 711 NORTH PINE ISLAND ROAD APT 421 PLANTATION, FL 33324	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VINCE FERRERI 801 NE 59 St Ft. LAUDERdale Fl. 33334	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: ______________________ 4/28/05 954 274 2937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #