

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90399 049 ***150.00

DOCUMENT # P03000014018

1. Entity Name

1/2 PRICE PARADISE, INC.



Principal Place of Business

4687 S. UNIVERSITY DR.
DAVIE FL 33328

Mailing Address

4687 S. UNIVERSITY DR.
DAVIE FL 33328

2. Principal Place of Business

4408 S.W. 195TH TERR.

Suite, Apt. #, etc.

MIRAMAR, FLORIDA

City & State

Zip
33029

Country
U.S.

3. Mailing Address

4408 S.W. 195TH TERR.

Suite, Apt. #, etc.

MIRAMAR, FLORIDA

City & State

Zip
33029

Country
U.S.



MOORE

CR2E034 (11/03)

4. FEI Number

25-1903147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIAZ, ANTONIO
4687 S. UNIVERSITY DR.
DAVIE FL 33328

7. Name and Address of New Registered Agent

Name
DIAZ, ANTONIO

Street Address (P.O. Box Number is Not Acceptable)
4408 S.W. 195TH TERR.

City
MIRAMAR

FL

Zip Code
33029

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	DIAZ, ANTONIO	
STREET ADDRESS	4687 S. UNIVERSITY DR.	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTONIO DIAZ	
STREET ADDRESS	4408 S.W. 195 TH TERR.	
CITY-ST-ZIP	MIRAMAR, FL 33029	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/25/04

Date

954-517 0509

Daytime Phone #