
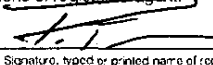



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90009 021 ***158.75

DOCUMENT # P03000025507 1. Entity Name PARAISO LAWN & LANDSCAPING, INC.					
Principal Place of Business 13376 S.W. 115TH TERRACE MIAMI, FL 33186			Mailing Address 13376 S.W. 115TH TERRACE MIAMI, FL 33186		
2. Principal Place of Business 13048 143 TER		3. Mailing Address 13048 143 TERRACE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State MIA, FL		City & State MIA, FL		4. FEI Number 86-105-1137	
Zip 33186		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		02062004 Chg-P CR2E034 (10/03)			
6. Name and Address of Current Registered Agent TAPIA, TOMAS A 13376 S.W. 115TH TERRACE MIAMI, FL 33186			7. Name and Address of New Registered Agent Name TAPIA, TOMAS A Street Address (P.O. Box Number is Not Acceptable) 13048 SW 143 TER City MIA State FL Zip Code 33186		
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 2/10/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be <input type="checkbox"/> Trust Fund Contribution: <input type="checkbox"/> Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALERA, PABLO 13376 S.W. 115TH TERRACE MIAMI, FL 33186	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST APONTE, LILLY 13376 S.W. 115TH TERRACE MIAMI, FL 33186	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TORRES, MICHAEL 13376 S.W. 115TH TERRACE MIAMI, FL 33186	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAPIA, TOMAS 13376 S.W. 115TH TERRACE MIAMI, FL 33186	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: 		2/10/04 786-344-1234 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>			