

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90003 044 ***150.00

DOCUMENT # P03000041149

1. Entity Name
WIRED PARADISE, INC.



Principal Place of Business
**575 W 69TH ST #203
HIALEAH, FL 33014**

Mailing Address
**P O BOX 4042
HIALEAH, FL 33014-0042**

54063057



2. Principal Place of Business
575 W 69th St
Suite, Apt. #, etc. **309**

3. Mailing Address
Suite, Apt. #, etc.

07132004 Chg-P CR2E034 (10/03)

City & State
Hialeah FL
Zip **33014** Country **USA**

City & State
Zip Country

4. FEI Number **75-311427** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MUNOZ, JORGE
4240 NW 204 STREET
MIAMI, FL 33055**

7. Name and Address of New Registered Agent

Name **Munoz, Jorge**
Street Address (P.O. Box Number is Not Acceptable)

575 W 69th St #309

City **Hialeah** **FL** Zip Code **33014**

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)

07/13/2004
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MUNOZ, JORGE**
STREET ADDRESS **4240 NW 204 STREET**
CITY-ST-ZIP **MIAMI, FL 33055**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **JORGE MUNOZ**
STREET ADDRESS **575 W 69 ST #309**
CITY-ST-ZIP **HIALEAH FL 33014**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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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, typed or printed name of signing officer or director)

07/13/2004 786-206-0133
Date Daytime Phone #