

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90006 020 ***150.00

DOCUMENT # P03000096919

1. Entity Name
THE PACIFIC PARADISE CLOTHING CO., INC.



Principal Place of Business
10700 NW 12TH DRIVE
PLANTATION, FL 33322

Mailing Address
10700 NW 12TH DRIVE
PLANTATION, FL 33322

54025975

2. Principal Place of Business
827 Lincoln Road
Suite, Apt. #, etc.

3. Mailing Address
827 Lincoln Road
Suite, Apt. #, etc.



03312004 Chg-P CR2E034 (10/03)

City & State
Miami Beach, Florida
Zip: 33139 Country: USA

City & State
Miami Beach, FL
Zip: 33139 Country: USA

4. FEI Number
20-0199983

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SINGER, BERNARD A
3107 STIRLING ROAD
SUITE 105
FT. LAUDERDALE, FL 33312

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	YOSEF, SHARON	
STREET ADDRESS	10700 NW 12TH DRIVE	
CITY-ST-ZIP	PLANTATION, FL 33322	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOSEF, LIOR	
STREET ADDRESS	10700 NW 12TH DRIVE	
CITY-ST-ZIP	PLANTATION, FL 33322	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERMAN, ELLIOT	
STREET ADDRESS	10700 NW 12TH DRIVE	
CITY-ST-ZIP	PLANTATION, FL 33322	
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		<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 *Sharon Yosef* **SHARON YOSEF** **4/1/04** **954.6603.3163**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**