2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000096919

Name:

Address:

City-St-Zip:

BERMAN, ELLIOT

827 LINCOLN ROAD

MIAMI BEACH, FL 33139

FILED Feb 08, 2007 Secretary of State

Entity Name: THE PACIFIC PARADISE CLOTHING CO., INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
827 LINCO MIAMI BEA	DLN RD. ACH, FL 3313	9			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
827 LINCOLN RD. MIAMI BEACH, FL 33139					
FEI Number:	: 20-0199983	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SCHINDER, BARRY S 1909 TYLER STREET PENTHOUSE HOLLYWOOD, FL 33020 US			1940 HARRÍSON STRI SUITE 300	SCHINDER, BARRY S 1940 HARRISON STREET SUITE 300 HOLLYWOOD, FL 33020 US	
The above in the State	named entity e of Florida.	submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				02/08/2007	
Electronic Signature of Registered Agent			nt	Date	
Election Car	npaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (YOSEF, SHAR 827 LINCOLN MIAMI BEACH	ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (YOSEF, LIOR 827 LINCOLN MIAMI BEACH		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: SHARON YOSEF D 02/08/2007