

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # P03000102471

1. Entity Name
PARADISE ISLAND DEVELOPMENT CORPORATION



Principal Place of Business
2903 SALZEDO ST
CORAL GABLES, FL 33134-6618

Mailing Address
2903 SALZEDO ST
CORAL GABLES, FL 33134-6618



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0247226

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARRERO, JULIO C
2903 SALZEDO ST
CORAL GABLES, FL 33134-6618

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MARRERO, ROSA
STREET ADDRESS 2903 SALZEDO ST
CITY-ST-ZIP CORAL GABLES, FL 331346618

TITLE V
NAME BENITEZ, ORLANDO
STREET ADDRESS 2903 SALZEDO ST
CITY-ST-ZIP CORAL GABLES, FL 331346618

TITLE S
NAME MARRERO, ROSA
STREET ADDRESS 2903 SALZEDO ST
CITY-ST-ZIP CORAL GABLES, FL 331346618

TITLE T
NAME MUSKAT, PHILLIP
STREET ADDRESS 2903 SALZEDO ST
CITY-ST-ZIP CORAL GABLES, FL 331346618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

01/17/08

Date

305-648-9840

Daytime Phone #