

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P04000029760

1. Entity Name
PARADISE PC ENTERPRISE INC



Principal Place of Business Mailing Address
5329 WASHINGTON ROAD 5329 WASHINGTON ROAD
DELRAY BEACH, FL 33484 US DELRAY BEACH, FL 33484 US



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0730836 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WEITZEL, KAY
5329 WASHINGTON ROAD
DELRAY BEACH, FL 33484

**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 **WEITZEL, DEAN M**
STREET ADDRESS **5329 WASHINGTON ROAD**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE **VP**
NAME **WEITZEL, KAY**
STREET ADDRESS **5329 WASHINGTON ROAD**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE **VP**
NAME **WEITZEL, JADE**
STREET ADDRESS **5329 WASHINGTON ROAD**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000794750
01/28/08-80020-011 150.00

**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: *Kay Weitzel* **KAY WEITZEL** **1-21-08** **561495-8293**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #