

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

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03-23-2005 90023 027 ***150.00

DOCUMENT # P04000087143	
1. Entity Name PAULISTA AVENUE, INC.	

Principal Place of Business 1746 WEST HILLSBORO BLVD. DEERFIELD BEACH, FL 33442	Mailing Address 1746 WEST HILLSBORO BLVD. DEERFIELD BEACH, FL 33442
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66010373



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02232005 Chg-P CR2E034 (10/03)

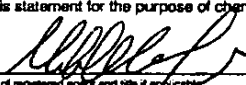
4. FEI Number **20-1196217** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent	
TAX HOUSE CORPORATION 1261 E SAMPLE RD POMPANO BEACH, FL 33064	

7. Name and Address of New Registered Agent	
Name	Mitchell C. Fernal
Street Address (P.O. Box Number is Not Acceptable)	2500 N. Military Trail, #111
City	Boca Raton FL
Zip Code	33481

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  DATE **3/17/05**

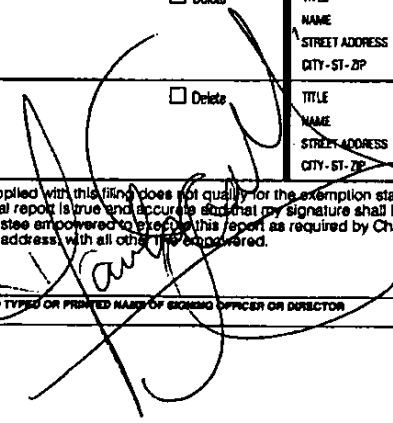
**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE	☐ Delete
NAME	PD HALLSON, LAUREY DR.
STREET ADDRESS	5221 NE 19TH AVE
CITY - ST - ZIP	FT LAUDERDALE, FL 33308
TITLE	☐ Delete
NAME	VD SILVA, PAULO CESAR
STREET ADDRESS	5221 NE 19TH AVE
CITY - ST - ZIP	FT LAUDERDALE, FL 33308
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ 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)(f), 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 effect 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 information required.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-16-05-9545745222

Date Daytime Phone #