2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

CUMENT # P04000128707

Entity Name
W.FLORIDA PARADISE PROPERTY INC

Principal Place of Business
3 - D DEL PRADO BOULEVARD
E CORAL, FL 33904

Mailing Address
4223 - D DEL PRADO BOULEVARD
CAPE CORAL, FL 33904

DO NOT WRITE IN THIS SPACE

01182006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1607233

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

IEDA, HERNAN
50 CORONADO PKWY
PE CORAL, FL 33904

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he 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 he obligations of registered agent.

NATURE

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, 2006 Fee will be $550.00

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

U00000397318
01/30/06-80041-024 150.00

OFFICERS AND DIRECTORS

ADDRESS ST-ZIP	P PINEDA, HERNAN 4250 CORONADO PKWY CAPE CORAL, FL 33904
ADDRESS ST-ZIP	VP MILLER, ROBERT G 3512 SW 7TH TERRACE CAPE CORAL, FL 33991
ADDRESS ST-ZIP	
ADDRESS ST-ZIP	
ADDRESS ST-ZIP	
ADDRESS ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/06

Date Daytime Phone #