2005 FOR PROFIT CORPORATION

FILED Jan 10, 2005 8:00 am **Secretary of State** ANNUAL REPORT 01-10-2005 90028 018 ***150.00

DOCUMENT # P04000143243 1. Entity Name PARADISE TITLE & ESCROW SERVICES, INC. 40000333 Principal Place of Business Mailing Address 2400 WOATHESS CHEEK FD 2400 WOITESSOFEEK FD FTLAUDERDALE FL 33309 FTLAUDEFDALE FL 33309 aJ 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01072005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MANCINI, FRANK J Street Address (P.O. Box Number is Not Acceptable) 2128 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020 Zip Code City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, 1771 ह ☐ Delete TITLE ☐ Change ☐ Addition DONZELLA, SUZANNE NAME NAME STREET ADDRESS 2400 W CYPRESS CREEK RD. STREET ADDRESS CTTY-ST-ZIP FT LAUDERDALE, FL 33309 CITY-ST-ZIP MLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 ceth; 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.

Suzanne Donzella SIGNATURE: