# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT # P05000029975



# FILED May 09, 2006 8:00 am Secretary of State

1. Entity Name PARADISE PLAZA ENTERPRISES INC.								05-09-2006 90075 007 ***150.00					
Principal Place of Business 10701 N.W. 58TH STREET MIAMI, FL 33178				Mailing Address 10701 N.W. 58TH STREET MIAMI, FL 33178				. * 	<b>78:31 8</b> 114 <b>8:</b> 411 <b>8:</b> 114 <b>8:</b> 114 <b>8:</b>		48 MATU (AUCO) AS	41 <b>000</b> 4 11 <b>100</b> 01	
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				02252006	Chg-P	CR2E0	34 (11/05)		
City & State				City & State				4. FEI Number	er 4,2546			oplied For ot Applicable	
Zip	Country			Zip Coun		ntry	5. Certificate of Status De			ed   \$8.75 Additional Fee Required			
	6Name	and Address of Curre	nt Regis	stered Agent				7. Name and	Address of New I	Registered #	gent		
PRADO, CARLOS J 10701 N.W. 58TH STREET						Name Street Address (P.O. Box Number is Not Acceptable)							
MIAMI, FL 33178													
,						City				FL	Zip Cod	е	
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 NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.							\$5.( \dde	00 May Be d to Fees				,	
10.		OFFICERS AN	D DIRE	CTORS	11.			ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	CARLOS J W. 75TH LANE L 33178	☐ Delete		_					☐ Change	☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP		EZ, LUIS A W. 77TH LANE L 33178	☐ Delete		1					Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		l l				•	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		ı.					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		l l					Change	Addition	
12. I hereby certify that the information supplied with this filling does not quality 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:													
SIGNAI	UKE:		R PRINTEI	NAME OF SIGNING OFFICER	OR DIRECT	TOR		******	7/ - 1/ U	<b>D</b>	avtime Phone #	[	

## ATTACHMENT

40089494

FLORIDA DEPARTMEN OF STATE DIVISION OF CARL PO BOX 1500

TALLAHASSE FL 32302 – 1500 RE: PARADISE PLAZA ENTERPRISES, INC

10701 NW 58 ST DORAL - FL – 33178

### **GENTLEMEN:**

Enclosed is our check for \$ 150.00 in payment of RTE 2006 for profit corporation annual report (our document # POS000029925).

Please note that this is our first year filing and were not aware, and in fact did not receive the notice.

We respect fully request that the penalty be abated.

Thanking you in advance, we remain,

truly yours.

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