

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90047 033 \*\*\*150.00

**DOCUMENT # P05000029975**

1. Entity Name  
**PARADISE PLAZA ENTERPRISES INC.**



Principal Place of Business  
**10701 N.W. 58TH STREET  
MIAMI, FL 33178**

Mailing Address  
**10701 N.W. 58TH STREET  
MIAMI, FL 33178**

**40067942**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02182008 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-2412546**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRADO, CARLOS J  
10701 N.W. 58TH STREET  
MIAMI, FL 33178**

Name **Luis A. Martinez**

Street Address (P.O. Box Number is Not Acceptable)

**11488 NW 77th Lane**

City **Miami**

**FL**

Zip Code  
**33178**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete  
NAME PRADO, CARLOS J  
STREET ADDRESS 11302 N.W. 75TH LANE  
CITY-ST-ZIP MIAMI, FL 33178

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME MARTINEZ, LUIS A  
STREET ADDRESS 11488 N.W. 77TH LANE  
CITY-ST-ZIP MIAMI, FL 33178

TITLE ☒ Change ☐ Addition  
NAME **Luis A. Martinez**  
STREET ADDRESS **11488 NW 77th Lane**  
CITY-ST-ZIP **Miami, FL 33178**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **STD Rodolfo Serra**  
STREET ADDRESS **4641 NW 94 Ct.**  
CITY-ST-ZIP **Miami, FL 33178**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #