

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000046372

FILED
May 08, 2006
Secretary of State

Entity Name: PARADISE PROFESSIONAL SERVICES, CORP.

Current Principal Place of Business:

112 HEATH ST
FORT PIERCE, FL 34947 US

New Principal Place of Business:

2300 WOODWIND TRAIL SUITE 915
MELBOURNE, FL 32935 US

Current Mailing Address:

112 HEATH ST
FORT PIERCE, FL 34947 US

New Mailing Address:

2300 WOODWIND TRAIL SUITE 915
MELBOURNE, FL 32935 US

FEI Number: 98-0452503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAXPLACE CORP.
2721 S. US 1 SUITE 9
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANDRADE, SILVANO L
Address: 112 HEATH ST
City-St-Zip: FORT PIERCE, FL 34947 US

Title: VPD () Delete
Name: GARCIA, VIVIANE
Address: 112 HEATH ST
City-St-Zip: FORT PIERCE, FL 34947 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ANDRADE, SILVANO L
Address: 2300 WOODWIND TRAIL SUITE 915
City-St-Zip: MELBOURNE, FL 32935 US

Title: VPD (X) Change () Addition
Name: GARCIA, VIVIANE
Address: 2300 WOODWIND TRAIL SUITE 915
City-St-Zip: MELBOURNE, FL 32935 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SILVANO ANDRADE

PD

05/08/2006

Electronic Signature of Signing Officer or Director

Date