

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90037 005 ***150.00

DOCUMENT # **P05000086560**

1. Entity Name

**PARADISE IMPERIAL DEVELOPMENT
INC**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1387 NW 80 TERRACE
Suite, Apt. #, etc.

3. Mailing Address

1387 NW 80 TERRACE
Suite, Apt. #, etc.

City & State

PLANTATION, FL

City & State

PLANTATION FL

4. FEI Number

06-1749470

Applied For

Not Applicable

Zip

33322

Country

USA

Zip

33322

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MARVIN J. GORE

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

1387 NW 80 TERRACE

City

PLANTATION,

FL

Zip Code

33322

**DO NOT WRITE
IN THIS SPACE**

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)

MARVIN J. GORE, P

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P	MARVIN J. GORE
NAME	
STREET ADDRESS	1387 NW 80 TERRACE
CITY-ST-ZIP	PLANTATION FL 33322
TITLE VP	STEWART CYRIL
NAME	
STREET ADDRESS	1387 NW 80 TERRACE
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

(Signature) **MARVIN J. GORE PRESIDENT**

SEP 1, 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

40103046

WOLF ACCOUNTING NETWORK, INC.
820 NW 43rd Avenue
Pompano Beach, FL. 33066-1508
Telephone & Fax: (954) 975-7939

September 1, 2006

**State of Florida
Division of Corporations
P.O. Box 6198
Tallahassee, FL. 32314-6198**

Gentlemen:

**Enclosed please find a 2006 Annual Report for our new
client Paradise Imperial Development, Inc.
document # P05000086560,**

**They never received a renewal notice, and we are
enclosing their check in the amount of \$150., and
respectfully request you accept this payment.**

Cordially yours,

WOLF ACCOUNTING NETWORK, Inc,


**G, D, WOLF
Director**