2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-22-2006 90030 020 ***150.00
03-21-2006 90034 043 *****8.75

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DOCUMENT # P05000131284

1. Entity Name
PARAISO POOLS, CORP.

Principal Place of Business	Mailing Address
18181 NE 31ST CT. APT. 1204 MIAMI, FL 33179	18181 NE 31ST CT. APT. 1204 MIAMI, FL 33179

02042006 Chg-P CR2E034 (11/05) Ya se envio

2. Principal Place of Business		3. Mailing Address	
202. Foxglove Way			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Deland. FL. 32724		City & State	
Zip	Country	Zip	Country

4. FEI Number: 20-3505516 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TORRES, JOSE M
18181 NE 31ST CT. APT. 1204
MIAMI, FL 33179

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 X
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, 2006 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P TORRES, JOSE M 18181 NE 31ST CT. APT. 1204 MIAMI, FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Torres Jose M. 202 Foxglove Way Deland, FL 32724	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V TORRES, FE M. 18181 NE 31ST CT. APT. 1204 MIAMI, FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Torres Jose M. 202 Foxglove Way. Deland, FL 32724.	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #