

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000059191

FILED  
Apr 12, 2007  
Secretary of State

Entity Name: PARADISE LIVING SERVICES. INC.

**Current Principal Place of Business:**

320 TORCHWOOD AVE  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

320 TORCHWOOD AVE  
PLANTATION, FL 33324

**New Mailing Address:**

FEI Number: 84-1711755

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAPIDUS, MICHAEL  
320 TORCHWOOD AVE  
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DEREVENSKY, LARRY  
Address: 10918 WHITE HAWK STREET  
City-St-Zip: PLANTATION, FL 33324 US

Title: VP ( ) Delete  
Name: LAPIDUS, MICHAEL  
Address: 320 TORCHWOOD AVE  
City-St-Zip: PLANTATION, FL 33324 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MICHAEL L. LAPIDUS

VP

04/12/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date