

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000036918

**FILED**  
**Mar 13, 2011**  
**Secretary of State**

**Entity Name:** PARADISE NUTRITION BAR, INC.

**Current Principal Place of Business:**

20201 SADDLE CLUB RD.  
WESTON, FL 33327

**New Principal Place of Business:**

**Current Mailing Address:**

8216 PINE DRIVE  
TAMARAC, FL 33321

**New Mailing Address:**

**FEI Number:** 90-0460074

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHAWLA, KRISTEN  
8216 PINE DR.  
TAMARAC, FL 33321 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TROISE, AMY  
Address: 2520 SW 16TH COURT  
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: S/T  
Name: CHAWLA, KRISTEN  
Address: 8216 PINE DR.  
City-St-Zip: TAMARAC, FL 33321

I hereby 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 all other like empowered.

SIGNATURE: KRISTEN CHAWLA

S/T

03/13/2011

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

\_\_\_\_\_  
Date