


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90017 016 ***150.00

DOCUMENT # P92000012386	
1. Entity Name PARADISE PIZZA, INC.	

Principal Place of Business 437 JOHN SIMS PARKWAY VALPARAISO, F; 32580	Mailing Address 437 JOHN SIMS PARKWAY VALPARAISO, F; 32580
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2. Principal Place of Business 156 Bermuda Circle N	3. Mailing Address 156 Bermuda Circle N
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Niceville FL	City & State Niceville FL
Zip 32578	Zip 32578
Country US	Country US

01212005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3160337	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PICHARDO, FRANK L 437 JOHN SIMS PARKWAY VALPARAISO, FL 32580	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 156 Bermuda Circle North City Niceville FL Zip Code 32578
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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 <i>Frank Pichardo</i>	DATE 1/21/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICHARDO, FRANK L 156 BERMUDA CIR NICEVILLE, FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Frank Pichardo</i>	DATE 1/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

954 682 7759