


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000035276</b>	
<b>1. Entity Name</b> PARADISE POINT ENTERPRISES, INC.	

<b>Principal Place of Business</b> 161 SW 6TH TERRACE BOCA RATON, FL 33486	<b>Mailing Address</b> 2886 BANYAN BLVD CIRCLE NW BOCA RATON, FL 33431 US
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01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> NOT APPLICABLE	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  MERLES, DAVID 161 SW 6TH TERRACE BOCA RATON, FL 33486
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**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, type or printed name of registered agent and tick, if applicable. (NOTE: Registered Agents signature required when reappointing)) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

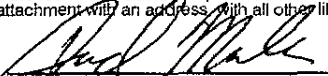
<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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U00000129187  
04/26/04-80066-025 150.00

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D MERLES, ELLIOTT 161 SW 6TH TERRACE BOCA RATON, FL 33486
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D MERLES, DAVID 161 SW 6TH TERRACE BOCA RATON, FL 33486
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<b>TITLE</b> 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **4/14/04** **305-535-9790**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Date Phone #