2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000043034

1. Entity Name

PARADISE PROPERTIES FINANCIAL CORP.



Principal Place of Business

2420 NORTHEAST 32ND COURT LIGHTHOUSE POINT, FL 33064-8181

Mailing Address

2420 NORTHEAST 32ND COURT LIGHTHOUSE POINT, FL 33064-8181

FILED Apr 27, 2007 08:00 All Secretary of State



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02082007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0418627 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROMANO, FELIPE 2420 NORTHEAST 32ND COURT LIGHTHOUSE POINT, FL 33064-8181

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_	,	1.							
	Signature, typed or printed name of registered agent and atteir	applicable. (NOTE: Registeri	d Agent signature required when reinstating)	DATE					
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.							
10.	OFFICERS AND DIREC	TORS	Tight Problem in the Control of the	Contractions (Charling to Contract the Con-					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROMANO, FELIPE 2420 NORTHEAST 32ND COURT LIGHTHOUSE PT., FL 33064								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROMANO, ANNETTE N 2420 NORTHEAST 32ND COURT LIGHTHOUSE PT., FL 33064	• ,		000000737712 05/11/07-80039-014 150.00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP									

12. Thereby 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

FELIPE KOMAN

04 01/07

(305) 409-4800

Daytime Phone #