

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000077491

1. Entity Name

SOCA PARADISE OF SOUTH FLORIDA, INC.



Principal Place of Business

3345 CLEVELAND ST
HOLLYWOOD, FL 33021 US

Mailing Address

3345 CLEVELAND ST
HOLLYWOOD, FL 33021 US



03162004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0655032

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MAKHANLALL, ROY H
3345 CLEVELAND ST.
HOLLYWOOD, FL 33021

**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, typed or printed name of registered agent and title if applicable.

(RKYC Registered Agent signature required when re-registering)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

000000122513
04/21/04-80032-008 150.00

10. OFFICERS AND DIRECTORS

TITLE

D

NAME

MAKHANLALL, ROY H

STREET ADDRESS

3345 CLEVELAND ST.

CITY-STATE-ZIP

HOLLYWOOD, FL 33021

TITLE

D

NAME

MAKHANLALL, BHAGVATEE

STREET ADDRESS

3345 CLEVELAND ST.

CITY-STATE-ZIP

HOLLYWOOD, FL 33021

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

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STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-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)(f), 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 empowers.

SIGNATURE:

Roy Makhanel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-04 984-987-0519

DATE

DAYTIME PHONE #