


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 15, 2005 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
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DO NOT WRITE IN THIS SPACE



04102005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0655032	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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

TITLE	D
NAME	MAKHANLALL, ROY H
STREET ADDRESS	3345 CLEVELAND ST.
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	MAKHANLALL, BHAGVATEE
STREET ADDRESS	3345 CLEVELAND ST.
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 empowered.

SIGNATURE: Roy Mahkanlall **4-15-05** **954-309 7802**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #