

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT

DEPARTMENT OF STATE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FILED

99 AUG 25 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000027230

1. Corporation Name *Paradise Pastries The*  
*8385 NW 46 Dr*  
*Coral Springs, FL 33067-6132*

Principal Place of Business *Sample Road*  
*Pompano Bch, FL*  
Mailing Address *8385 NW 46 Dr*  
*Coral Springs, FL*  
*33067-6132*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4. FEI Number *65-0652086* Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business  
21 *2400 Sample Road*  
Suite, Apt. #, etc.  
22  
City & State  
23 *Pompano Bch FL*  
Zip  
24 *33073* Country  
25 *Broward*  
2a. Mailing Address  
26 *8385 NW 46 Dr*  
Suite, Apt. #, etc.  
27  
City & State  
28 *Coral Springs, FL*  
Zip  
29 *33067* Country  
30 *Broward*

9. Name and Address of Current Registered Agent

*Jill Stethem*  
*4131 NW 8 Terr*  
*Pompano Bch, FL 33064*

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
*FL*

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Jill M. Stethem*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*8-21-99*

12. OFFICERS AND DIRECTORS

TITLE *President*  
NAME *Zbigniew Cichowski*  
STREET ADDRESS *8385 NW 46 Dr*  
CITY-ST-ZIP *Coral Springs, FL 33067*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
*700002974557--0*  
*-08/31/99--01045--004*  
*\*\*\*315.00*

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
*700002974557--0*  
*-08/31/99--01045--005*  
*\*\*\*150.00*

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Zbigniew Cichowski*  
Signature and typed or printed name of signing officer or director

*7-5-99*

Date

Daytime Phone #

CR2E034 (1/98)

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2

Paradise Pastries, Inc  
8385 NW 46 Dr  
Coral Springs, FL 33067-6132

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Ref Number P 96000027230

Dear Kristen Eckel,

As per your conversation on June 17, 1999 with my bookkeeper Jill Stethem, please wave the reinstatement fee of \$600.00 for not filing my corporate annual reports for 1997 and 1998. Documents were never received by myself to file due to incorrect address and were returned to your office.

Enclosed please find my check in the amount of \$465.00 to cover filing fees for 1997, 1998 and 1999.

Thank you for your attention to this matter.

Sincerely,

Zbigniew Cichowski  
Owner Paradise Pastries