

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000008268

FILED
Jul 01, 2005
Secretary of State

Entity Name: WEST COAST PARADISE INVESTMENTS, INC.

Current Principal Place of Business:

5250 FOX HOLLOW DRIVE, #519
NAPLES, FL 34104

New Principal Place of Business:

5250 FOX HOLLOW DRIVE
519
NAPLES, FL 34104

Current Mailing Address:

5250 FOX HOLLOW DRIVE, #519
NAPLES, FL 34104

New Mailing Address:

5250 FOX HOLLOW DRIVE
519
NAPLES, FL 34104

FEI Number: 59-3498867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUSARRA, PETER C
5250 FOX HOLLOW DRIVE, #519
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

MUSARRA, PETER C
5250 FOX HOLLOW DRIVE
519
NAPLES, FL 34104 US

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.

SIGNATURE: PETER C. MUSARRA

07/01/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: MUSARRA, PETER C
Address: 5250 FOX HOLLOW DRIVE, #519
City-St-Zip: NAPLES, FL 34104

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES () Change (X) Addition
Name: MUSARRA, PETER C
Address: 5250 FOXHOLLOW DR. # 519
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER C. MUSARRA

PRES

07/01/2005

Electronic Signature of Signing Officer or Director

Date