2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State
02-22-2007 90006 048 ***158.75

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1. Entity Name
WEST COAST PARADISE INVESTMENTS, INC.

Principal Place of Business	Mailing Address
326 FOX DEN CIR NAPLES FL 34104	326 FOX DEN CIR NAPLES FL 34104

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2738 INLET COVE LANE WEST		2738 INLET COVE LANE WEST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Naples, Florida		City & State: Naples, Florida	
Zip: 34120	Country: Collier	Zip: 34120	Country: Collier

4. FEI Number 59-3498867 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MUSARRA, PETER C
326 FOX DEN CIR
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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] (PETER C. MUSARRA) PRES. 1-30-2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD MUSARRA, PETER C 326 FOX DEN CIR NAPLES FL 34104	☐ Delete	PSTD Peter C. Musarra 2738 Inlet Cove Lane West Naples, Florida 34120	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES MUSARRA, PETER C 326 FOX DEN CIR NAPLES FL 34104	☐ Delete	PRES. Peter C. Musarra 2738 Inlet Cove Lane West Naples, Florida 34120	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] (PETER C. MUSARRA) 1-30-07 (239) 571-0747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #