


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90011 033 \*\*\*158.75

|  |         |   |         |
|--|---------|---|---------|
| <b>DOCUMENT # P97000031284</b>   |         |  |         |
| 1. Entity Name<br><b>PARADISE-LOVING CARE, INC.</b>                              |         |   |         |
| Principal Place of Business<br><b>4541 NW 3RD STREET<br/>PLANTATION FL 33317</b> |         | Mailing Address<br><b>4541 NW 3RD STREET<br/>PLANTATION FL 33317</b>              |         |
| 2. Principal Place of Business - No P.O. Box #                                   |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.   |         |
| City & State   |         | City & State  |         |
| Zip  | Country | Zip   | Country |



1st MOORE CR2E034 (10/06)

|   |  |  |
|---|--|--|
| 4. FEI Number <b>65-0743898</b>   |  | Applied For  |
|   |  | Not Applicable                                     |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |  |
| 6. Name and Address of Current Registered Agent   |  | 7. Name and Address of New Registered Agent        |
| <b>PREMIER MANAGEMENT COMPANY</b><br><b>1317 NE 4TH AVE</b><br><b>FT LAUDERDALE FL 33304</b>  |  | 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 _____ DATE _____  |  |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  |  |  |

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|

| 10. OFFICERS AND DIRECTORS |                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|-----------------------------------|---|---|
| TITLE                      | P <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GRIGOU, ANITHE                    | NAME  |   |
| STREET ADDRESS             | 4541 NW 3RD STREET                | STREET ADDRESS  |   |
| CITY-ST-ZIP                | PLANTATION FL 33317               | CITY-ST-ZIP   |   |
| TITLE                      | S <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LOUIS, GUIRENE JEAN               | NAME  |   |
| STREET ADDRESS             | 4541 NW 3RD STREET                | STREET ADDRESS  |   |
| CITY-ST-ZIP                | PLANTATION FL 33317               | CITY-ST-ZIP   |   |
| TITLE                      | T <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GRIGOU, MERLY                     | NAME  |   |
| STREET ADDRESS             | 4541 NW 3RD STREET                | STREET ADDRESS  |   |
| CITY-ST-ZIP                | PLANTATION FL 33317               | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | NAME  |   |
| STREET ADDRESS             |                                   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                   | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | NAME  |   |
| STREET ADDRESS             |                                   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                   | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | NAME  |   |
| STREET ADDRESS             |                                   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                   | CITY-ST-ZIP   |   |

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:** Anithe Grigou **4/24/07** **954-791-1793**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #