


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000031284	
1. Entity Name PARADISE LOVING CARE, INC.	

Principal Place of Business 4541 NW 3RD STREET PLANTATION, FL 33317	Mailing Address 4541 NW 3RD STREET PLANTATION, FL 33317
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DO NOT WRITE IN THIS SPACE



04272008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0743898	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PREMIER MANAGEMENT COMPANY 1317 NE 4TH AVE FT LAUDERDALE, FL 33304

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IN THIS SPACE**

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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	P GRIGOU, ANITHE 4541 NW 3RD STREET PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOUIS, GUIRLENE JEAN 4541 NW 3RD STREET PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRIGOU, MERCY 4541 N.W. 3RD SE PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 exemptions contained in Chapter 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: <u>Anithe Grigou</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4/27/08</u> <u>954-791-1793</u> <small>Date Daytime Phone #</small>
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