2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2006 08:00 AM Secretary of State **DOCUMENT # P97000080351** 1. Entity Name ICE PARADISE, INC. Principal Place of Business Mailing Address 540/546 W 29 STREET 540/546 W 29 STREET HIALEAH, FL 33012 HIALEAH, FL 33012 04182006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 67-0783698 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DIAZ, MORAIMA DO NOT WRITE **755 W 30 STREET** HIALEAH, FL 33012 IN THIS SPACE 3. 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, typed or printed name of registered egent and title if explicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 U000000SS6189 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PVST TITLE NAME DIAZ, MORAIMA STREET ADDRESS 540/546 W 29 STREET CITY-ST-ZIP HIALEAH, FL 33012 TITLE D NAME DIAZ, MORAIMA STREET ADDRESS 540/546 W 29 STREET HIALEAH, FL 33012 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Applied For

Not Applicat: