

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000087205

1. Entity Name
PARADISE PARK INVESTMENT CORP.



Principal Place of Business
**531 NE 39TH STREET
MIAMI, FL 33137 US**

Mailing Address
**90 SW 8TH STREET
#206
MIAMI, FL 33130 US**



06282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0809159

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRUGOS, JAMIE
90 SW 8TH ST
206
MIAMI, FL 33130**

**DO NOT WRITE
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 _____

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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRUGOS, JAIME 90 SW 8TH STREET #206 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TERREROS, MARIA A 90 SW 8TH STREET #206 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHICO, JOSE I 90 SW 8TH STREET #206 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELAY, MARIA C 90 SW 8TH STREET #206 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/10/06-80002-005 150.00

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/06 305-3580199
Date Daytime Phone #