## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P97000101012**

1. Entity Name

DESTINATION PARADISE INTERNATIONAL INCORPORATED



FILED Apr 27, 2004 8:00 am Secretary of State

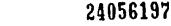
04-27-2004 90049 004 \*\*\*150.00

Principal Place of Business

5452 FOX HOLLOW DR. BOCA RATON, FL 33486 Mailing Address

0452 Fox Howard

5452 FOX HOLLOW DR. BOCA RATON, FL 33486





03022004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0807111

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

.6. Name and Address of Current Registered Agent.

SANTIGLIA, ANGÉLA 6764-CANARY-PALM-CIRCLE BOCA RATON, FL 38433-

13486

DO NOT WRITE IN THIS SPACE

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	e named entity submits this statement for the p tions of registered agent.	urpose of changing its registered off	ce or registered	agent, or both, in the St	ate of Florida. I am familia	ar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registered Agent	signature required wh	nen reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		May Be to Fees		
10.	OFFICERS AND DIREC	CTORS	The second section of the second	A spa the Color		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTIGLIA, ANGELA 5452 FOX HOLLOW DR. PERRY, FL 323486					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ohig.				
TITLE  NAME		1 fg	Statement states	DO NO	T WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS	SPACE	
TITLE					SON SERVICE TO SERVICE	

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

HATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DECLA STATIGLIA 41/04

061-367-9839