

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000003664

1. Entity Name

PARADISE CUSTOM SCREENING & EMBROIDERY, INC.



FILED

Jan 18, 2005 08:00 AM
Secretary of State

Principal Place of Business

4326 NE 5TH TERRACE
OAKLAND PARK, FL 33334

Mailing Address

4326 NE 5TH TERRACE
OAKLAND PARK, FL 33334



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FBI Number

65-0807247

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

3. Name and Address of Current Registered Agent

LIBERO, ROBERT
4326 NE 5TH TERRACE
OAKLAND PARK, FL 33334

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IN THIS SPACE**

I, The above named entity submit 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 registered by)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

2. Election Campaign Financing
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LIBERO, ROBERT
STREET ADDRESS	4326 NE 5TH TERRACE
CITY-ST-ZIP	OAKLAND PARK, FL 33334
TITLE	VD
NAME	ALEXANDER, HENRY
STREET ADDRESS	4326 NE 5TH TERRACE
CITY-ST-ZIP	OAKLAND PARK, FL 33334
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/19/05-80068-012 150.00

**DO NOT WRITE
IN THIS SPACE**

I, Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 318.07(5)(b) 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 807, 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 filers empowered

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

1/13/05 (954) 506-9096
Date