


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000019724
 1. Entity Name
PARADISE COMPUTER REPAIR, INC.



Principal Place of Business 1832 TAMAMI STE B VENICE, FL 34293	Mailing Address 1832 TAMAMI STE B VENICE, FL 34293
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DO NOT WRITE IN THIS SPACE



02022006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0819760	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

**COSTANZO, PAUL JR
 1832 TAMAMI TRAIL S.
 STE B
 VENICE, FL 34293**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COSTANZO, PAUL J JR 1832 B TAMAMI TRAIL STE B VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS COSTANZO, PATRICIA A 1832 SOUTH TAMAMI TRAIL, SUITE B VENICE, FL 34293
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 05/11/06-80108-010 150.00

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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  **4/26/06**  **941-493-5126**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #