


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000019724

1. Entity Name
PARADISE COMPUTER REPAIR, INC.



Principal Place of Business 1832 TAMIAMI STE B VENICE, FL 34293	Mailing Address 1832 TAMIAMI STE B VENICE, FL 34293
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02042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0819760	Applied For <input type="checkbox"/> 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 TAMIAMI TRAIL S.
 STE B
 VENICE, FL 34293**

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 _____ 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, 2008 Fee will be \$550.00**

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

U00000882139
 04/16/08-80029-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COSTANZO, PAUL J JR 1832 B TAMIAMI TRAIL STE B VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS COSTANZO, PATRICIA A 1832 SOUTH TAMIAMI TRAIL, SUITE B VENICE, FL 34293
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *Patricia Costanzo* **PATRICIA COSTANZO** *4/3/08* **493-5126**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #