

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P98000044038

1. Entity Name  
PARTY PARADISE, INC.



Principal Place of Business  
6252 S. CONGRESS AVE  
LANTANA, FL 33462

Mailing Address  
6252 S. CONGRESS AVE  
LANTANA, FL 33462

**FILED  
Feb 28, 2005 8:00 am  
Secretary of State**

02-28-2005 90183 040 \*\*\*158.75



02172005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0848155	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

VAZQUEZ, MARIA L  
6252 S. CONGRESS AVE  
LANTANA, FL 33462

**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  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PST  
NAME VAZQUEZ, MARIA L  
STREET ADDRESS 6252 S. CONGRESS AVE  
CITY-ST-ZIP LANTANA, FL 33462

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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:** *Maria L. Vazquez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/23/05*

Date

Daytime Phone #

**DO NOT WRITE  
IN THIS SPACE**