2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000066879

Entity Name: NOTAS DEL PARAISO, INC.

FILED Apr 22, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5414 PINE TREE DR.
MIAMI BEACH, FL 33140

6015 PINE TREE DR.
MIAMI BEACH, FL 33140

MIAMI BEACH, FL 33140

Current Mailing Address: New Mailing Address:

5414 PINE TREE DR.
MIAMI BEACH, FL 33140

6015 PINE TREE DR.
MIAMI BEACH, FL 33140

MIAMI BEACH, FL 33140

FEI Number: 65-0859612 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SANCHEZ, ALFREDO 5200 S.W. 8TH STREET SUITE #202-A CORAL GABLES, FL 33134 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

City-St-Zip:

Election Campaign Financing Trust Fund Contribution ().

MIAMI BEACH, FL 33140

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

MIAMI BEACH, FL 33140

Title: VPTD () Delete Title: PTD (X) Change () Addition Name: GARIBOTTI, ADRIAN Name: GARIBOTTI, ADRIAN Address: 5414 PINE TREE DR. GARIBOTTI, ADRIAN Address: 6015 PINE TREE DR.

City-St-Zip: MIAMI BEACH, FL 33140 Address. 6015 PINE TREE DR.

City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: MIAMI BEACH, FL 33140

Title: PTD () Delete Title: VPTD (X) Change () Addition Name: GARIBOTTI, ADRIAN Name: SALAZAR, CYNTHIA Address: 5414 PINE TREE DR. Address: 6015 PINE TREE DR.

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA SALAZAR VPSD 04/22/2005