2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# P98000066879

Entity Name: NOTAS DEL PARAISO, INC.

Current Principal Place of Business:

5959 COLLINS AVE. STE. 606
MIAMI BEACH, FL 33140

New Principal Place of Business:

1501 COLLINS AVENUE
MIAMI BEACH, FL 33139

Current Mailing Address:

5959 COLLINS AVE. STE. 606
MIAMI BEACH, FL 33140

New Mailing Address:

1501 COLLINS AVENUE
MIAMI BEACH, FL 33139

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

Name and Address of Current Registered Agent:

SANCHEZ, ALFREDO
5200 SW 8TH STREET
SUITE # 200
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

GARIBOTTI, PABLO N
1501 COLLINS AVENUE
SUITE 207
MIAMI BEACH, FL 33139 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: PABLO N GARIBOTTI 04/23/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PDT ( ) Delete
Name: GARIBOTTI, ADRIAN
Address: 5959 COLLINS AVE. STE. 606
City-St-Zip: MIAMI BEACH, FL 33140

Title: VPDT ( ) Delete
Name: GARIBOTTI, CYNTHIA S
Address: 5959 COLLINS AVE. STE. 606
City-St-Zip: MIAMI BEACH, FL 33140

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GARIBOTTI, ADRIAN
Address: 1501 COLLINS AVENUE, SUITE 207
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP (X) Change ( ) Addition
Name: GARIBOTTI, CYNTHIA S
Address: 1501 COLLINS AVENUE, SUITE 207
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP ( ) Change (X) Addition
Name: GARIBOTTI, PABLO N
Address: 1501 COLLINS AVENUE, SUITE 207
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PABLO N. GARIBOTTI VP 04/23/2008
Electronic Signature of Signing Officer or Director Date