2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 28, 2005 08:00 AM DOCUMENT # P98000104509 **Secretary of State** PARADISE LIMOUSINE SERVICES, INC. Principal Place of Business Mailing Address 26351 STATE RD. 4A 26351 STATE RD. 4A RAMROD KEY, FL 33042 RAMROD KEY, FL 33042 No Chg-P 01182005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0883298 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRADEN, LISA DO NOT WRITE 1660 SOUTHERN BLVD. STE. D WEST PALM BEACH, FL 33406 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE KRAUSE, RUDOLPH G STREET ADDRESS 26351 STATE RD. 4A U00000201548 CITY-ST-ZIP RAMROD KEY, FL 33042 01/28/05-80071-008 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 attaching the many states, with all other like empowered.

SIGNATURE:

STREET ADDRESS CHY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECT

Rudy Kouse, Presi

1/17/05 305-872-166

FILED