

FILED

03 OCT -6 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P99000036018</b>			
1. Entity Name <b>PRESIDENT'S PARADISE, INC.</b>			
Principal Place of Business 5420 WEST 16TH AVE HIALEAH, FL 33012		Mailing Address 5420 WEST 16TH AVE HIALEAH, FL 33012	
2. Principal Place of Business <b>1570 W 43 PL #</b>		3. Mailing Address <b>1570 W 43 PL</b>	
Suite, Apt., #, etc. <b>13</b>		Suite, Apt., #, etc. <b>13</b>	
City & State <b>Hialeah, FL</b>		City & State <b>Hialeah, FL</b>	
Zip <b>33012</b>	Country <b>USA</b>	Zip <b>33012</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>DANIEL, MARLEN</b> 5420 WEST 16TH AVE HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name <b>Mayra Chirino</b> Street Address (P.O. Box Number is Not Acceptable) <b>1570 W 43 PL Suite 13</b> City <b>Hialeah</b> FL <b>33012</b>	
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 <b>9/1/03</b> (NOTE: Registered Agent Signature required when withdrawing.)			
FILE NOW!!! FEES \$150.00 After May 17, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DANIEL, JULIO C 5420 WEST 16TH AVE HIALEAH, FL 33012 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTVS Mayra Chirino 1570 W 43 PL, Suite 13 Hialeah, FL 33012 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DANIEL, MARLEN 5420 WEST 16TH AVE HIALEAH, FL 33012 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000023054000 10/09/03--01029--026 ** \$50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE <b>9/1/03</b> DAYTIME PHONE # <b>305 469 6650</b>	

CPE034 (10/02)

21067

September 29, 2003

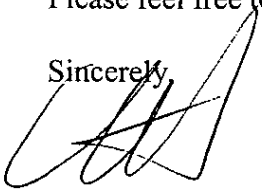
Attn: Renewal Section  
Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Re: P99000036018

Enclosed you'll find a check in the amount of \$150.00 for the above referenced corporation as we previously discussed. We did not receive the 2003 UBR.

Please feel free to contact me should you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to be 'Marlen Daniel', written over the word 'Sincerely,'.

Marlen Daniel  
305-469-6650