


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> V12930 <b>1. Entity Name</b> PARADISE FISH CAMPS, INC.	
--	---

<b>Principal Place of Business</b> 11330 S.W. 56 ST. MIAMI, FL 33165	<b>Mailing Address</b> 11330 S.W. 56 ST. MIAMI, FL 33165
--	--



07212005 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 65-0311785	<b>Applied For</b> Not Applicable
------------------------------------	--------------------------------------

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
--	---------------------------------------

**DO NOT WRITE IN THIS SPACE**

**DO NOT WRITE  
IN THIS SPACE**

<b>6. Name and Address of Current Registered Agent</b>  ITURREY, LINCOLN 11330 SW 56TH ST. MIAMI, FL 33165
--

**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:** *Lincoln Iturrey* **7/22/05**  
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  
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>P</b> ITURREY, LINCOLN DIAZ 11330 S.W. 56 ST. MIAMI, FL 33165
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>ST</b> ITURREY, BETSY PEREZ 11330 S.W. 56 ST. MIAMI, FL 33165
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

1100000374235  
07/25/05-80001-007 150.00

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Lincoln Iturrey* **7/22/05** **305 274 4292**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #