


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000130466
1. Entity Name
INVERSIONES PARRA INC



Principal Place of Business Mailing Address
10734 NW 70TH ST. 10734 NW 70TH ST.
MIAMI, FL 33178 MIAMI, FL 33178

DO NOT WRITE IN THIS SPACE



04022005 No Chg-P CR2E034 (10/03)

4. FEI Number 42-1563441	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARRA, MARIO
7925 NW 12TH STREET
SUITE 407
MIAMI, FL 33126

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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 _____ DATE _____
Signature, typed or printed name of registered agent and FEI if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARRA, LILLIANA 10734 NW 70TH ST. MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARRA, MARIO 10734 NW 70TH ST. MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PARRA, MARIBEL 10734 NW 70TH ST. MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/18/05-80015-016 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 ~~the~~ empowered.

SIGNATURE: [Signature] _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #