## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 24, 2004 8:00 am Secretary of State 04-30-2004 90367 018 \*\*\*150,00

DOCUMENT # P03000051133  1. Entity Name PARISSIENE CAFEE & PLUS, CORP									04-30-20	004 9036	7 018 ****	130.00
Principal Place of Business 3550 W 84 STREET SUITES 1 & 2 HIALEAH, FL 33018			3550 W 8	Mailing Address 3550 W 84 STREET SUITES 1 & 2 HIALEAH, FL 33018				66423866				
2. Principal Pl	ace of Busin	ness	3. Mailing A	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apr	Suite, Apt. #, etc.				04262004	Chg-P	CR2E	034 (10/03)	
City & State				City & State				4. FEI Numb	11/4/0/	00	. —	plied For t Applicable
Zîp	Country		Žip			Country		<u> </u>	of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent						Name	<u>.</u>	7. Name and	i Address of New	v Registered	Agent	
BARBON, VICTORIO G 3171 SW 173 TERRACE MIRAMAR, FL 33029						Street Address (P.O. Box Number is Not Acceptable)						
		•	•			City FL Zip Code					<del></del>	
		ty submits this stateme	nt for the purpose o	of changing its	registere	ed office or	register	ed agent, or bo	xh, in the State of	Florida. Lan	n 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)  DATE												
	advances, typec	s at privited name or registered.	agent and the illephicable	, those	: recytic o	a Agent signatus	B I WILLIAM	, Augu Laszan di	T	- UAIE		
		FEE IS \$150.00 4 Fee will be \$5	' ' -	lection Campai rust Fund Conti			<b>\$5.</b> Add	.00 May Be led to Fees	-			
10.	PD	OFFICERS /	AND DIRECTORS		11.			ADDITIONS	/CHANGES TO O	FFICERS AN		
NAME STREET ADDRESS CITY-ST-ZIP	BARBON 3171 SW	I, VICTORIO G 173 TERRACE R, FL 33029		☐ Delete		·					Change	Addition
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZAPATA,	OSCAR H 82ND AVENUE SUI		Delete		E I	208	SHA NU	arbon, 1 o 2 st. Pines			☐ Addition
IITLE NAME STREET ADDRESS _CITY-ST-ZIP	<del>-</del> .	·•		Delete		l l					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition
TITLE HAME STREET ADDRESS CITY-ST-ZIP				Delete ,					·		☐ Change	Addilion
TITLE NAME 1 STREET ADDRESS CITY-ST-ZIP	. 2			☐ Dalete		Į.			•		Change	Addition
12. Thereby 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 dame appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  BIGNATURE  BIGNATURE PROFILE OF SIGNATURE O												