2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P37134

Entity Name: PARBEL OF FLORIDA, INC.

FILED May 27, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

5200 BLUE LAGOON DRIVE, SUITE 500 MIAMI, FL 33126

Current Mailing Address: New Mailing Address:

5200 BLUE LAGOON DRIVE, SUITE 500 MIAMI, FL 33126

FEI Number: 13-1247390 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION COMPANY OF MIAMI 201 SOUTH BISCAYNE BLVD SUITE 1600 MIAMI, FL 33131 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD () Delete Title: CD (X) Change () Addition

 Name:
 JAFFRE, YANN
 Name:
 JAFFRE, YANN

 Address:
 41 RUE MARTRE #92117
 Address:
 41 RUE MARTRE #92117

 City-St-Zip:
 CLICHY CEDEX.,
 City-St-Zip:
 CLICHY CEDEX., XX FR

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 BOINAY, VINCENT
 Name:
 TARRAL, ERIC

 Address:
 41 RUE MARTE #92117
 Address:
 41 RUE MARTE #92117

 City-St-Zip:
 CLICHY CEDEX,
 City-St-Zip:
 CLICHY CEDEX, XX FR

Title: ST () Delete Title: D (X) Change () Addition
Name: TREMBLEY, STEVEN Name: ANAVI, MORIS

Address: 5200 BLUE LAGOON DR,#500 Address: 41 RUE MARTRE #92117

City-St-Zip: MIAMI, FL 33126 City-St-Zip: CLICHY CEDEX, XX FR

Title: D () Delete Title: D (X) Change () Addition Name: LAUZAT, ERIC Name: MENESGUEN, MARC

Address: 5200 BLUE LAGOON DRIVE # 500 Address: 106 RUE DANTON

City-St-Zip: MIAMI, FL 00000 City-St-Zip: LEVALLOIS-PERRET, XX 92691 FR

Title: D (X) Delete Title: () Change () Addition Name: ANAVI, MORIS Name:

 Name:
 ANAVI, MORIS
 Name:

 Address:
 41 RUE MARTRE #92117
 Address:

 City-St-Zip:
 CLICHY CEDEX,
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIC TARRAL PD 05/27/2009