


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**


**DOCUMENT # F93000004306**

1. Entity Name  
PARNASOS PROPERTIES N.V. CORP.



Principal Place of Business 9000 S.W. 152ND STREET #106 MIAMI, FL 33157 US	Mailing Address 9000 S.W. 152ND STREET #106 MIAMI, FL 33157 US
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**DO NOT WRITE IN THIS SPACE**



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-197536	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

SANZ, JOSEPH A  
9000 SW 152 ST  
#106  
MIAMI, FL 33157

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE, Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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 SARAFIS, DIONYSSIOS 9000 SW 152 ST, #106 MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SARAFIS, NICOLAOS 9000 SW 152 ST, #106 MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANZ, JOSEPH A 9000 SW 152 ST, #106 MIAMI, FL 33157
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U00000152448  
05/04/04-800866-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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:  \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-30-04 Daytime Phone #: 305-278-8400