


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F93000004306**  
 1. Entity Name  
**PARNASOS PROPERTIES N.V. CORP.**



Principal Place of Business      Mailing Address  
 9000 S.W. 152ND STREET      9000 S.W. 152ND STREET  
 #106      #106  
 MIAMI, FL 33157 US      MIAMI, FL 33157 US

**DO NOT WRITE IN THIS SPACE**



01202005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-1975536**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 SANZ, JOSEPH A  
 9000 SW 152 ST  
 #106  
 MIAMI, FL 33157

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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 title 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

U00000346379  
 04/30/05-80097-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SARAFIS, DIONYSSIOS
STREET ADDRESS	9000 SW 152 ST, #106
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	VPD
NAME	SARAFIS, NICOLAOS
STREET ADDRESS	9000 SW 152 ST, #106
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	SD
NAME	SANZ, JOSEPH A
STREET ADDRESS	9000 SW 152 ST, #106
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:**       **4/15/05**      **305-278-8400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #