


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90012 027 ***150.00

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

2. Principal Place of Business 3. Mailing Address

9155 S. DADELAND BLVD 9155 S. DADELAND BLVD
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 SUITE 1602 SUITE 1602

City & State City & State
 Miami, FL Miami, FLORIDA

Zip Country Zip Country
 33156 USA 33156 USA



01242006 Chg-P CR2E034 (11/05)

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 7. Name and Address of New Registered Agent

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

changed to →

Name
 Street Address (P.O. Box Number is Not Acceptable)
 9155 S. DADELAND BLVD SUITE 1602

City State Zip Code
 Miami FL 33156

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SARAFIS, DIONYSSIOS 9000 SW 152 ST, #106 MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9155 S. DADELAND BLVD STE 1602 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SARAFIS, NICOLAOS 9000 SW 152 ST, #106 MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9155 S. DADELAND BLVD STE 1602 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANZ, JOSEPH A 9000 SW 152 ST, #106 MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9155 S. DADELAND BLVD STE 1602 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ **Date:** 2/16/06 **Daytime Phone #:** 305-278-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR