

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90063 016 \*\*\*150.00

DOCUMENT # F93000004306

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



Principal Place of Business

9155 S. DADELAND BLVD  
 SUITE 1602  
 MIAMI, FL 33156 US

Mailing Address

9155 S. DADELAND BLVD  
 SUITE 1602  
 MIAMI, FL 33156 US

40006061



01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-1975536 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

SANZ, JOSEPH A  
 9158 S. DADELAND BLVD  
 SUITE 1602  
 MIAMI, FL 33156

**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 \_\_\_\_\_ 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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SARAFIS, DIONYSSIOS
STREET ADDRESS	9155 S. DADELAND BLVD STE 1602
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	VPD
NAME	SARAFIS, NICOLAOS
STREET ADDRESS	9155 S. DADELAND BLVD STE 1602
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	SD
NAME	SANZ, JOSEPH A
STREET ADDRESS	9155 S. DADELAND BLVD STE 1602
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/07 305 778 8400  
 Date Daytime Phone