


**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90083 044 \*\*\*150.00

**DOCUMENT # 497486**

1. Entity Name  
**PARTY FAVORS, INC.**



Principal Place of Business      Mailing Address  
 1756 S.W. 8TH ST.  
 ROOM 204  
 MIAMI FL 33135      1756 S.W. 8TH ST.  
 ROOM 204  
 MIAMI FL 33135



2. Principal Place of Business - No P.O. Box #  
*1756 SW 8th Miami FL 33135*

3. Mailing Address  
*THE SAME*

Suite. Apt. #, etc.      Suite. Apt. #, etc.  
*204*      *204*

1st MOORE      CR2E034 (10/06)

City & State  
*Miami, Florida*

City & State  
*Miami Florida*

Zip      Country      Zip      Country  
*33135*      *USA*      *33135*      *USA*

4. FEI Number      Applied For  
**59-1842930**       Not Applicable

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

**6. Name and Address of Current Registered Agent**

**RODRIGUEZ, DIEGO A.**  
**1756 S.W. 8TH ST.**  
**MIAMI FL 33135**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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


**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, DIEGO A.	
STREET ADDRESS	1756 S.W. 8TH ST.	
CITY ST-ZIP	MIAMI FL	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, HAYDEE	
STREET ADDRESS	4803 N.W. 7TH ST., #406	
CITY ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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      Date      Daytime Phone #