

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F57181

1. Entity Name
PARACAS, INC.



Principal Place of Business
**C/O TOMAS DATORRE, SR.
410 16TH STREET
MIAMI BEACH, FL 33139-3007**

Mailing Address
**C/O TOMAS DATORRE, SR.
410 16TH STREET
MIAMI BEACH, FL 33139-3007**



DO NOT WRITE IN THIS SPACE

03162006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2149544	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

**DATORRE, TOMAS, SR.
410 16TH STREET
MIAMI BEACH, FL 33139**

**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 _____

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000520407
05/02/06-80091-025 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DATORRE, ROBERTO A
STREET ADDRESS	410 16TH STREET
CITY-ST-ZIP	MIAMI BEACH, FL 00000,

TITLE	D
NAME	DATORRE, TOMAS, SR
STREET ADDRESS	410 16TH STREET
CITY-ST-ZIP	MIAMI BEACH, FL 00000,

TITLE	S
NAME	DATORRE, ROBERTO, A
STREET ADDRESS	410 16TH STREET
CITY-ST-ZIP	MIAMI BEACH, FL 00000,

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

4/18/06
Date

305-5315493
Daytime Phone #