## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Feb 21, 2006 8:00 am Secretary of State 02-21-2006 90012 027 \*\*\*150.00

1. Entity Name PARNASOS PROPERTIES N.V. CORP.						02-21	-2000 9001	2027 ***1	.30.00	
Principal Place	e of Business	Mailing Address								
	52ND STREET	9000 S.W. 152ND STREET								
#106 MIAMI, FL 33157 US		#106 Miami, FL 33157 US								
2. Principal Place of Business 3. Mailing Address										
9155 S. DADELAND BLUD 9155 S. DADEL Suite, Apt. #, etc.			LAND BU	UD						
8017		SUITE 1602			01242006	Chg-P	CR2E	(11/05)		
City & State		City & State MIAMY FLORIDA			4. FEI Number			Applied For		
Zip Country		Zip Country			59-197	5536		Not Applicable  \$8.75 Additional		
£.3.3.1	156 - 13A	33156			5. Certificate of Status Desired Fee Required					
6. Name and Address of Current Registered Agent					7. Name and	Address of N	ew Registered	Agent		
SANZ, JOSEPH A										
9000 SW-1		Street Address (P.O. Box Number is Not Acceptable)  9.15 \( S \) DD DE LAOD BUD 50 RE 1602								
#100	713	9155 S. DADELADD BUD SURE 1602								
#100- Changed to ->								Zip Code		
City Miami FL Zip Code 331 SG										
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										
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees										
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/	CHANGES TO	OFFICERS AN	ND DIRECTORS		
TITLE	PD CARAFIC DIONIVERIOS	☐ Delete	TITLE NAME					Change Change	☐ Addition	
NAME Street Address	SARAFIS, DIONYSSIOS 9000 SW 152 ST, #106		STREET ADDRESS	915	550	4130A	D BU	PTE au	1602	
CITY-ST-ZIP	MIAMI, FL 33157		CITY-\$1-ZIP	~	riami	, F(	33150	•		
TITLE	VPD	☐ Delete	TITLE					<b>⊠</b> Change	Addition	
NAME	SARAFIS, NICOLAOS		NAME STREET ADDRESS	915	5 3. DF	DELAN.	D BLV	372 a	1603	
STREET ADDRESS CITY-ST-ZIP	9000 SW 152 ST, #106 SI MIAMI, FL 33157			"("	m	_	-( 33:		~~~	
TITLE	SD	☐ Defete	TITLE				<del>``</del>	Change	Addition	
NAME ~	SANZ, JOSEPH A	•	NAME	۵.			- "		_	
STREET ADDRESS CITY+ST-ZIP	9000 SW 152 ST, #106 MIAMI, FL 33157		STREET ADORESS CITY-ST-ZIP	71				378 91	1605	
TITLE	WIAWI, FL 33131	☐ Delete	TITLE		14/1	$\frac{\partial w}{\partial w} + \frac{1}{E}$	( 2315	⊃ <u>©</u> Change	☐ Addition	
NAME		<u> </u>	NAME						_	
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP							
CITY-ST-ZIP			TITLE					☐ Change	Addition	
TITLE NAME		☐ Delete	NAME					C overige		
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP		, , , , , , , , , , , , , , , , , , ,	CITY-ST-ZIP	<u> </u>						
TITLE	t 	☐ Delete	. TITLE NAME					☐ Change	☐ Addition	
NAME STREET ADDRESS			STREET ADDRESS	1						
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>						
12. 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 effect 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 add 61s, with all other like empowered.										
2 1 (										
SIGNATURE: 1016 505 7 18 8 900										

FICER OR DIRECTOR

SIGNATURE AND TYPED C