

**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

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME SARAFIS, DIONYSIOS  
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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

1/22/07 305 278 8400  
Date Daytime Phone