

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


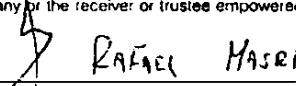
FILED
Mar 14, 2006 8:00 am
Secretary of State

02-16-2006 90144 027 ****50.00

30002467



1st MOORE CR2E083 (10/05)

DOCUMENT # L05000037510					
1. Entity Name PARNASA HOLDINGS, LLC					
Principal Place of Business 18940 NE 22 AVENUE NORTH MIAMI BEACH FL 33180			Mailing Address 18940 NE 22 AVENUE NORTH MIAMI BEACH FL 33180		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3803570	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MARTIN, PAUL S 2134 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33020				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date is not applicable (NOTE: Registered Agent signature required when not applicable)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGR	<input type="checkbox"/> Delete	10. ADDITIONS/CHANGES		
NAME	LEVY, SERGIO		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	18940 NE 22 AVENUE		NAME		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180		STREET ADDRESS		
			CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASRI, RAFAEL		NAME		
STREET ADDRESS	18940 NE 22 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILBERMAN, WALTER		NAME		
STREET ADDRESS	18940 NE 22 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			2-1-06 786-287-2020		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		



ATTACHMENT

30002467

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2006

PARNASA HOLDINGS, LLC
18940 NE 22 AVENUE
NORTH MIAMI BEACH, FL 33180

Subject: PARNASA HOLDINGS, LLC

Reference Number: L05000037510

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE
ANNUAL REPORTS SECTION