

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 30, 2004 8:00 am
Secretary of State

09-30-2004 90011 008 ***150.00

DOCUMENT # M35077

1. Entity Name
PARIS DESIGNS, INC.



Principal Place of Business

**8371 NW 64TH STREET
MIAMI, FL 33166**

Mailing Address

**8371 NW 64TH STREET
MIAMI, FL 33166**

00000000



07062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2692647

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COHEN, PAUL
8777 COLLINS AVENUE
APT. #9
SURFSIDE, FL 33154**

**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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **COHEN, PAUL**
STREET ADDRESS **8777 COLLINS AVE. APT #9**
CITY-ST-ZIP **SURFSIDE, FL 33154**

TITLE **D**
NAME **COHEN, FREDERIC**
STREET ADDRESS **8777 COLLINS AVE APT 1209**
CITY-ST-ZIP **SURFSIDE, FL 33154**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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 #

7/6/04 305-593-8499

Leon Egozi, P.A.

Attachment
524073603
Doc. # M35077
Certified Public Accountant

19495 Biscayne Boulevard, Suite 705
Aventura, Florida 33180

Phone: (305) 937-2664
Fax: (305) 937-0128

July 8, 2004

Uniform Business Report
Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Paris Designs, Inc.
EIN: 59-2692647
Folio: M35007

Dear Sir / Madam:

Included please find the corporation annual report for the above referenced taxpayer along with a check for \$150.00.

The Controller left without notice and apparently failed to file the 2004 corporation annual report on time.

Please process the report and abate the late penalty. If you have any questions, I can be reached at 305-937-2664.

Sincerely,



Leon Egozi, P.A.
Certified Public Accountants

Enclosures

cc:\ Paul Cohen