

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90064 042 ***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																																																																																																																																																								
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address C/O DON ENOZI, P.A. 19495 BISCAYNE BLVD. STE 305 City & State AVENTURA, FL Zip 33180																																																																																																																																																									
City & State		4. FEI Number 59-2692647		Applied For ☐ Not Applicable																																																																																																																																																							
Zip 33180		Country		5. Certificate of Status Desired ☐ \$8.75 Fee																																																																																																																																																							
6. Name and Address of Current Registered Agent COHEN, PAUL 8777 COLLINS AVENUE APT. #9 SURFSIDE, FL 33154				7. Name and Address of New Registered Agent																																																																																																																																																							
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.				Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																																																																							
SIGNATURE _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when relinquishing)				DATE _____																																																																																																																																																							
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																																																																																																																																																							
In accordance with s. 607.193(1), corporation did not receive the		b). F.S., the or notice.																																																																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 10%; text-align: center;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 10%; text-align: center;">☐ Delete ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>COHEN, PAUL</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>8777 COLLINS AVE, APT #9</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td></td> <td>SURFSIDE, FL 33154</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: center;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Delete ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>COHEN, FREDERIC</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8777 COLLINS AVE APT 1209</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SURFSIDE, FL 33154</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Delete ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Delete ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Delete ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Delete ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Delete ☐ Addition	STREET ADDRESS	COHEN, PAUL		STREET ADDRESS			CITY-ST-ZIP	8777 COLLINS AVE, APT #9		CITY-ST-ZIP				SURFSIDE, FL 33154					TITLE	D	☐ Delete	TITLE		☐ Delete ☐ Addition	NAME	COHEN, FREDERIC		NAME			STREET ADDRESS	8777 COLLINS AVE APT 1209		STREET ADDRESS			CITY-ST-ZIP	SURFSIDE, FL 33154		CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Delete ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Delete ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Delete ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Delete ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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 supplied 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 on an attachment with an address, with all other like empowered.																																																																																																																																																											
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																																																											
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