

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 23, 2007 8:00 am**  
**Secretary of State**

07-23-2007 90038 027 \*\*\*150.00

<b>DOCUMENT # M35077</b> 1. Entity Name <b>PARIS DESIGNS, INC.</b>					
Principal Place of Business <b>8371 NW 64TH STREET MIAMI, FL 33166</b>			Mailing Address <b>C/O LEON EGOZI, P.A. 19495 BISCAYNE BLVD, STE 705 AVENTURA, FL 33180</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>c/o Leon Egozi &amp; Assoc., P.A. 2999 N.E. 191 St., #240</b>			
City & State Zip Country		City & State <b>Aventura, FL</b> Zip Country <b>33180</b>		4. FEI Number <b>59-2692647</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent <b>COHEN, PAUL 8777 COLLINS AVENUE APT. #9 SURFSIDE, FL 33154</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P COHEN, PAUL 8777 COLLINS AVE., APT #9 SURFSIDE, FL 33154</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COHEN, FREDERIC 8371 NW 64 ST MIAMI, FL 33166</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

Leon Egozi & Assoc., P.A.

ATTACHMENT

Certified Public Accountants

2999 Northeast 191st Street, Suite 240  
Aventura, Florida 33180

Phone: (305) 937-2664

Fax: (305) 937-5019

legozi@egozicpa.com

July 13, 2007

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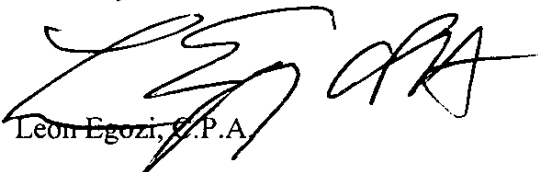
Florida Dept. of State  
Secretary of State  
Division of Corporations  
P.O. Box 8700  
Tallahassee, FL 32314

Re: Paris Designs, Inc., #M35077

Gentlemen:

Mr. Cohen, the president of the company, has been out of the country on business and just arrived to receive notice of intent to dissolve his company. Please waive any late charges. Enclosed is the payment of \$150 for their 2007 annual report.

Sincerely,



Leon Egozi, P.A.

LE/sbe

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