


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90453 017 \*\*\*150.00

<b>DOCUMENT # P01000074052</b> 1. Entity Name <b>PARELIS, INC.</b>					
Principal Place of Business <b>3777 NW 78 AVE</b> <b>3D</b> <b>HOLLYWOOD, FL 33024</b>			Mailing Address <b>3777 NW 78 AVE</b> <b>3D</b> <b>HOLLYWOOD, FL 33024</b>		
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 <b>65-1124659</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DE LANDINEZ, REBECA R</b> <b>3777 NW 78 AVE</b> <b>3D</b> <b>HOLLYWOOD, FL 33024</b>			Name <b>LANDINEZ, LINA M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3777 NW 78 AVE - suite 3D</b> City <b>HOLLYWOOD</b>		
			FL Zip Code <b>33024</b>		
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: <u><i>Rebeca R Landinez</i></u>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANDINEZ, JOSE F		NAME		
STREET ADDRESS	3777 NW 78 AVE		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33024		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DE LANDINEZ, REBECA R		NAME		
STREET ADDRESS	3777 NW 78 AVE		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33024		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANDINEZ, FRANCISCO A		NAME		
STREET ADDRESS	3777 NW 78 AVE		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33024		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANDINEZ, ORLANDO		NAME		
STREET ADDRESS	3777 NW 78 AVE		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33024		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANDINEZ, LINA M		NAME	<b>PD LANDINEZ, LINA M</b>	
STREET ADDRESS	3777 NW 78 AVE		STREET ADDRESS	<b>3777 NW 78 AVE - suite 3D</b>	
CITY-ST-ZIP	HOLLYWOOD, FL 33024		CITY-ST-ZIP	<b>HOLLYWOOD, FL 33024</b>	
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		
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: <u><i>Rebeca R Landinez</i></u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					