


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90282 029 ***150.00

DOCUMENT # P02000051289	
1. Entity Name PARRAPA, INC.	

Principal Place of Business 8920 SW 142 AVE #704 MIAMI FL 33186	Mailing Address 8920 SW 142 AVE #704 MIAMI FL 33186
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2. Principal Place of Business 10525 SW 153 CT. Suite, Apt. #, etc. #7	3. Mailing Address 10525 SW 153 CT Suite, Apt. #, etc. #7
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MOORE CR2E034 (11/03)

City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33196	Country USA

4. FEI Number 68-0511476	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**FREDERICK, JAIME
8920 SW 142 AVE #704
MIAMI FL 33186**

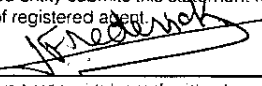
7. Name and Address of New Registered Agent

Name
FREDERICK JAIME

Street Address (P.O. Box Number is Not Acceptable)
10525 SW 153 CT

City **MIAMI** FL Zip Code **33196**

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME FREDERICK, JAIME	
STREET ADDRESS 8920 SW 142 AVE #704	
CITY-ST-ZIP MIAMI FL 33186	
TITLE PTSV	<input type="checkbox"/> Delete
NAME FREDERICK, JAIME	
STREET ADDRESS 8920 SW-142 AVE #704	
CITY-ST-ZIP MIAMI FL 33186	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FREDERICK JAIME	
STREET ADDRESS 10525 SW 153 CT	
CITY-ST-ZIP MIAMI, FL 33196	
TITLE PTSV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JDIME FREDERICK	
STREET ADDRESS 10525 SW 153 CT	
CITY-ST-ZIP MIAMI, FL 33196	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:  **JDIME FREDERICK** / 04/26/04 305 388 9835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #