

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000130466

1. Entity Name
INVERSIONES PARRA INC



Principal Place of Business
**10734 NW 70TH ST.
MIAMI, FL 33178**

Mailing Address
**10734 NW 70TH ST.
MIAMI, FL 33178**



04022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1563441

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PARRA, MARIO
7925 NW 12TH STREET
SUITE 407
MIAMI, FL 33126**

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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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PARRA, LILLIANA
STREET ADDRESS	10734 NW 70TH ST.
CITY-STATE-ZIP	MIAMI, FL 33178
TITLE	SD
NAME	PARRA, MARIO
STREET ADDRESS	10734 NW 70TH ST.
CITY-STATE-ZIP	MIAMI, FL 33178
TITLE	TD
NAME	PARRA, MARIBEL
STREET ADDRESS	10734 NW 70TH ST.
CITY-STATE-ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

000000310746
04/18/05-80015-016 150.00

**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 19.07(3)(f), 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 authorized empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #