

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

**DO NOT WRITE IN THIS SPACE**



04022005    No Chg-P    CR2E034 (10/03)

4. FEI Number 42-1563441	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and FEI if applicable. (NOTE: Registered Agent signature required when reinstating)

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

100000310/46  
04/18/05-80015-016 150.00

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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 persons empowered.

SIGNATURE: [Signature]      Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR