


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000051563</b>		
1. Entity Name PARISSIENE BANQUET HALL, CORP.		
Principal Place of Business 3550 W. 84 STREET, SUITES 3-9 HIALEAH, FL 33018		Mailing Address 3550 W. 84 STREET, SUITES 3-9 HIALEAH, FL 33018
<b>DO NOT WRITE IN THIS SPACE</b>		
		01072006 No Chg-P CR2E034 (11/05)
4. FEI Number 55-0830645		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  BARBON GARCIA, VICTORIO 3171 S.W. 173 TERRACE MIRAMAR, FL 33029		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</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>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA BARBON, VICTORIO 3171 SW 173 TERRACE MIRAMAR, FL 33029	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARCIA-BARBON, JR., VICTORIO 20849 NW 2 STREET PEMBROKE PINES, FL 33029	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/1/06 Daytime Phone # _____