

2004 FOR PROFIT CORPORATION ANNUAL REPORT

NAME STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33614 TO Delete NAME STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33614 D PARRADO, BARBARA A 8501 CEDAR GARDEN DR. TAMPA, FL 33614 TILLE NAME STREET ADDRESS CITY-ST-ZIP	DOCUMENT # P03000067654 1. Entity Name PARRADO CONSULTING, INC.				FILED 04 MAY -4 PM 5:00				
Suite. Apt. 8, edc. Suite. Apt. 8, edc. Suite. Apt. 8, edc. Q4282004 Chg.P CR22034 (10/03)	8501 CEDAR	r garden dr.	8501 CEDAR GARDEN DE						
City & State Street Address of New Registered Agent 7. Name and Address of New Registered Agent WEINSTEIN, IRA ESQ. 3902 HENDERSON BLVD, SUITE 200 TAMPA, FL 33629 City FL Zip Code 8. The above ramed antily submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I an familiar with, and accepted office or registered agent, or both, in the State of Fiorida. I an familiar with, and accepted office or registered agent, or both, in the State of Fiorida. I an familiar with, and accepted office or registered agent, or both, in the State of Fiorida. I an familiar with, and accepted office or registered agent, or both, in the State of Fiorida. I an familiar with, and accepted office or registered agent, or both, in the State of Fiorida. I an familiar with, and accepted office or registered agent, or both, in the State of Fiorida. I an familiar with, and accepted office or registered agent, or both, in the State of Fiorida. I an familiar with, and accepted office or registered agent, or both, in the State of Fiorida. I an familiar with, and accepted office or registered agent, or both, in the State of Fiorida. I an familiar with, and accepted office or registered agent, or both, in the State of Fiorida. I an familiar with, and accepted office or registered agent, or both, in the State of Fiorida. I an familiar with, and accepted office or registered agent, or both, in the State of Fiorida. I an familiar with, and accepted office or registered agent, or both, in the State of Fiorida. I an familiar with, and accepted office or registered agent, or both, in the State of Fiorida. I an familiar with, and accepted office or registered	2. Principal P	2. Principal Place of Business 3. Mailing Address							
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fee Required - 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Fee Required - 8. The above named entity submits this statement for the purpose of changing its registered disce or registered agent, or both, in the State of Florida. I am fermial with, and access the obligations of registered agent or registered agent or registered agent, or both, in the State of Florida. I am fermial with, and access the obligations of registered agent or registered agent or registered agent. Or both, in the State of Florida. I am fermial with, and access the obligations of registered agent or registered agent o	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	,	04262004 Chg-P CR2E034 (10/03)				
Country	City & Stat	e	City & State	, , , , , , , , , , , , , , , , , , , ,					
Name and Address of New Registered Agent Name	Zip	Country	Zip .	Country	5. Certificate of Status Desired S8.75 Additional				
WEINSTEIN, IRA ESQ. 3902 HENDERSON BLVD., SUITE 200 TAMPA, FL 33629 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, lyand or 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. FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. INTE. D. ARRADO, ADRIAN A 8501 CEDAR GARDEN DR. SIRRET ADDRESS CITY-S1-2P TITLE D. PARRADO, BARBARA A 8501 CEDAR GARDEN DR. SIRRET ADDRESS CITY-S1-2P TITLE D. PARRADO, BARBARA A 8501 CEDAR GARDEN DR. SIRRET ADDRESS CITY-S1-2P TITLE D. PARRADO, BARBARA A 8501 CEDAR GARDEN DR. SIRRET ADDRESS CITY-S1-2P TITLE D. PARRADO, BARBARA A 8501 CEDAR GARDEN DR. SIRRET ADDRESS CITY-S1-2P TITLE D. PARRADO, BARBARA A 8501 CEDAR GARDEN DR. SIRRET ADDRESS CITY-S1-2P TITLE D. PARRADO, BARBARA A 8501 CEDAR GARDEN DR. SIRRET ADDRESS CITY-S1-2P TITLE D. PARRADO, BARBARA A 8501 CEDAR GARDEN DR. SIRRET ADDRESS CITY-S1-2P TITLE D. PARRADO, BARBARA A 8501 CEDAR GARDEN DR. SIRRET ADDRESS CITY-S1-2P TITLE D. PARRADO, BARBARA A 8501 CEDAR GARDEN DR. SIRRET ADDRESS CITY-S1-2P TITLE D. PARRADO, BARBARA A 8501 CEDAR GARDEN DR. SIRRET ADDRESS CITY-S1-2P Delete SIRRET ADDRESS CITY-S1-2P TITLE D. PARRADO, BARBARA A 8501 CEDAR GARDEN DR. SIRRET ADDRESS CITY-S1-2P TITLE D. PARRADO, BARBARA A 8501 CEDAR GARDEN DR. SIRRET ADDRESS CITY-S1-2P Delete SIRRET ADDRESS CITY-S1-2P TITLE D. PARRADO, BARBARA A 8501 CEDAR GARDEN DR. SIRRET ADDRESS CITY-S1-2P TITLE D. PARRADO, BARBARA A 8501 CEDAR GARDEN DR. SIRRET ADDRESS CITY-S1-2P TITLE D. PARRADO, BARBARA A 8501 CEDAR GARDEN DR. SIRRET ADDRESS CITY-S1-2P TITLE SIRRET ADDRESS CITY-S1-2P TITLE SIRRET ADDRESS CITY-S1-2P TITLE		6. Name and Address of Current	Registered Agent	Nome	<u> </u>				
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 hybrid or purtitud name of registered agent agent agent with a appreciated. MOTE Registered Agent signature encured aftern signatures. DATE	3902 HEN	DERSON BLVD., SUITE 200			(P.O. Box Number is Not Acceptable)				
TILE NOWILI FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. DARRADO, ADRIAN A STREET ADDRESS 8501 CEDAR GARDEN DR. TITLE DARRADO, BARBARA A STREET ADDRESS CITY-S1-2P TITLE DARRADO, BARBARA A SOUTH CEDAR GARDEN DR. TAMPA, FL 33614 TITLE DElete TITLE DELET ADDRESS CITY-S1-2P TITLE TITLE DELET ADDRESS CITY-S1-2P TITLE TITLE DELET ADDRESS CITY-S1-2P TITLE TITL		*		City	FL Zip Code				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III.E DAME PARRADO, ADRIAN A SIREET ADDRESS CITY-S1-2P III.E DEIDER STREET ADDRESS CITY-S1-2P III.E STREET ADDRE	8. The above the obligat	e named entity submits this statement fo	r the purpose of changing its re	egistered office or registe	ored agent, or both, in the State of Florida. I am familiar with, and accept				
## STREET ADDRESS OFFICERS AND DRESS OFFICERS AND DRECTORS IN 11 10.	SIGNATURE.	Signature I have by purited name of registered appel	and life if applicable (MOTE)	Parietared Apont signature require	dues viewes				
D	FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be								
MAME		OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
STREET ADDRESS STOLEDAR GARDEN DR. TAMPA, FL 33614		· ·	☐ Delete		☐ Change ☐ Addition				
TITLE PARRADO, BARBARA A SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZI		8501 CEDAR GARDEN DR.		STREET ADDRESS	. 1,00036276751				
SIREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	1 =	☐ Delete	. TITLE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP			·.						
NAME STREET ADDRESS CITY-ST-ZIP LITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP LITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP	TAMPA, FL 33614	*	CITY-S1-ZIP					
CITY-ST-ZIP		,	☐ Delete .		Change Addition				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP			· .						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Change Addition Change Addition Addition Change Addition		면 -							
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP		1,							
CITY-ST-ZIP CITY-ST-ZIP		ę.	L Delete		☐ Change ☐ Addition				
	TITLE		☐ Delete		☐ Change ☐ Addition				
NAME STREET ADDRESS STREET ADDRESS		1							
CITY-ST-ZIP CITY-ST-ZIP		6		A					
12. I hereby certify that the information supplied with this filing does not quality 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date									





Division of Corporations

Annual Report

Page 1

Document Number P03000067654 **Business Entity Name** PARRADO CONSULTING, INC.

FEI Number	200125276
FEI Number Status	C Applied For C Not Applicable Current
Certificate of Status De	sired C Yes © No
-	en e
Pr	incipal Place of Business
Address	1815 Chapel Tree Circle.
Suite, Apt. #, etc.	Apt A
City, State	Brandon , FL
Zip Code & Country	33511
	Mailing Address
Address	1815 Chapel Tree Circle
Suite, Apt. #, etc.	Apt A
City, State	Brandon , FL
Zip Code & Country	33511
Name Ar	nd Address of Registered Agent
Name (Last, First, Middle, Title)	WEINSTEIN ,IRA , ,ESQ.
-or- RA Business Name	
Address	3902 HENDERSON BLVD., SUITE 200
Suite, Apt. #, etc.	
City, State	TAMPA , FL
Zip Code & Country	33629 US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature	-			_			 _
registered Agent Bighature	ļ	 	 		 	-	





Division of Corporations

Annual Report

Page 2

Document Number
P03000067654
Business Entity Name
PARRADO CONSULTING, INC.

Election Campaign Financing Trust Fund Contribution C Yes © No

Officer/Director Name And Address

Title	D			
Name (Last, First, Middle, Title)	PARRADO	ADRIAN	A	
-or- Entity Name				
Street Address	1815 Chapel Tree (Circle		
City, State	Brandon	, FL		
Zip Code & Country	33511	-		
Title	D		-	حـ ــ
Name (Last, First, Middle, Title)	PARRADO	BARBARA	A	
-or- Entity Name				
Street Address	1815 Chapel Tree (Circle		
City, State	Brandon	, FL	-	•
Zip Code & Country	33511	- .··		
Title	 ;			
		Г		<u></u>
Name (Last, First, Middle, Title)		,	,, ,	
-or- Entity Name		<u>* ** ** *** *** *** *** *** *** *** **</u>	· · · · ·	
Street Address	<u> </u>			
City, State	J	<u>.</u> ,	•	
Zip Code & Country				
Title Name (Last, First, Middle, Title)		,		
-or- Entity Name		-		. <u>.</u>
Street Address				

Division of Corporations

1291-4. sty

	1
City, State	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Zip Code & Country	
· I	
Title	
Name (Last, First, Middle, Title)	, , , , , , , , , , , , , , , ,
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	
•	
Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	
List more than six Officers	s/Directors • No additional Officers/Directors to list
	above must type their name in the ature' block below. A corporate name is not
Title	President
Officer/Director Signa	iture Dr. Adrian A. Parrado an Shanno
	Continue Reset
	Start Over

Public Access Help

https://efile.sunbiz.org/scripts/ubr002.exe

Sunbiz Home Page