

2007
2004

FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 NOV 14 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01172006 Chg-P CR2E034 (11/05)

DOCUMENT # **P03000069340**

1. Entity Name
PARASOLES & COLORES INC.



Principal Place of Business Mailing Address

2. Principal Place of Business
5027 N. HIATUS RD.

3. Mailing Address
5027 N. HIATUS RD.

Suite, Apt. #, etc.

City & State
SUNRISE, FL.

City & State
SUNRISE, FL.

Zip
33351

Country
US

6. Name and Address of Current Registered Agent

4. FEI Number ☒ Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name
RENY LIMA

Street Address (P.O. Box Number is Not Acceptable)
10420 S.W. 77 TERR

City
MIAMI

FL Zip Code
33174

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, the registered agent.

SIGNATURE DATE **10/31/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Reny Lima 10420 SW 77 Terr MIAMI FL 33174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800112261908 11/14/07--01008--010 **600.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT
04-07

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: DATE **10/31/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PARASOLES & COLORES, INC.
5027 N. HIATUS RD.
SUNRISE, FL 33351

October 31, 2007

To Whom It May Concern:

This is a brief letter stating that I did not receive any postcard or notice reminding me of the Uniform Business Report of my company Parasoles & Colores, Inc. with Document # P003000069340. Along with this letter you will find a check in the amount of \$600.00 and my Uniform Business Report for the years of 2004 - 2007.

If you need further assistance please feel free to contact us. Thank you in advance for your help.

Sincerely,



Reny Lima