

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000076216

FILED
Apr 24, 2006
Secretary of State

Entity Name: PARALLELE FURNITURE SERVICE, CORP.

Current Principal Place of Business:

10049 NW 89TH AVE.
BAY #2
MEDLEY, FL 33178

New Principal Place of Business:

13115 SW 54 ST
MIAMI, FL 33175

Current Mailing Address:

10049 NW 89TH AVE.
BAY #2
MEDLEY, FL 33178

New Mailing Address:

13115 SW 54 ST
MIAMI, FL 33175

FEI Number: 90-0098499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARIN, IBETH L
13115 SW 54 ST
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARIN, IBETH L
Address: 13115 SW 54 ST
City-St-Zip: MIAMI, FL 33175

Title: V () Delete
Name: MIRANDA, JAIRO F
Address: 1350 SW 122 AVE., #208
City-St-Zip: MIAMI, FL 33184

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: MIRANDA, JAIRO F
Address: 13115 SW 54 ST
City-St-Zip: MIAMI, FL 33175

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IBETH MARIN

P

04/24/2006

Electronic Signature of Signing Officer or Director

Date