


2004 FOR PROFIT CORPORATION ANNUAL REPORT

1091

DOCUMENT # P03000089347

1. Entity Name
VICTOR PARRA, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
04 OCT 11 AM 9:57

Principal Place of Business: 8660 SW 154 CIR PL, MIAMI, FL 33193
Mailing Address: 8660 SW 154 CIR PL, MIAMI, FL 33193



2. Principal Place of Business: 8660 SW 154 CIR PL
3. Mailing Address: same

Suite, Apt. #, etc.: y
City & State: Miami, FL
Zip: 33193

08302004 Chg-P CR2E034 (10/03)
4. FEI Number: 949-72-2713
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PARRA, VICTOR
8660 SW 154 CIR PL
MIAMI, FL 33193

7. Name and Address of New Registered Agent
Name: [Signature]
Street Address (P.O. Box Number is Not Acceptable):
City: FL Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PARRA, VICTOR 8660 SW 154 CIR PL MIAMI, FL 33193 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

400041947974
10/18/04--01007--008 **\$150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 if changed, or on an attachment with an address, with all other like empowered.

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

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July 31, 2004

Florida Department of State
Secretary of State
División of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

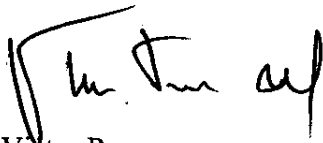
Ref: Victor Parra Inc Document P03000089347

Gentlemen:

In response to your Notice of Intent to Dissolve, I am enclosing check in the amount of \$ 150.00 corresponding to fees for Corporation Renewal. Please be advised that I did not receive any correspondence from your office to renew the same and that why I am late.

Thank you for your attention to this matter,

Sincerely,



Victor Parra.