

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 31, 2005 8:00 am
Secretary of State

04-27-2005 90380 001 ***300.00

DOCUMENT # P03000129064 1. Entity Name PARIOLI INVESTMENT, CORP.					
Principal Place of Business 6255 S.W. KENDALE LAKE CIRCLE, #B224 MIAMI FL 33183			Mailing Address 6255 S.W. KENDALE LAKE CIRCLE, #B224 MIAMI FL 33183		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 90-0128081	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PEREZ, AMILCAR 6255 S.W. KENDALE LAKE CIRCLE, #B224 MIAMI FL 33183				Name 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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE President	NAME PEREZ, AMILCAR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6255 S.W. KENDALE LAKE CIRCLE, #B224	CITY- ST- ZIP MIAMI FL 33183		STREET ADDRESS	CITY- ST- ZIP	
TITLE Treasurer	NAME MUSSA, DANIELE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6255 S.W. KENDALE LAKE CIRCLE, #B224	CITY- ST- ZIP MIAMI FL 33183		STREET ADDRESS	CITY- ST- ZIP	
TITLE Secretary	NAME PEREZ, AMILCAR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6255 S.W. KENDALE LAKE CIRCLE, #B224	CITY- ST- ZIP MIAMI FL 33183		STREET ADDRESS	CITY- ST- ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY- ST- ZIP		STREET ADDRESS	CITY- ST- ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY- ST- ZIP		STREET ADDRESS	CITY- ST- ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY- ST- ZIP		STREET ADDRESS	CITY- ST- ZIP	
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 another I am empowered.					
SIGNATURE: _____			4/23/05 786-252-9650 Date Daytime Phone		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					