

2005 FOR PROFIT CORPORATION ANNUAL REPORT


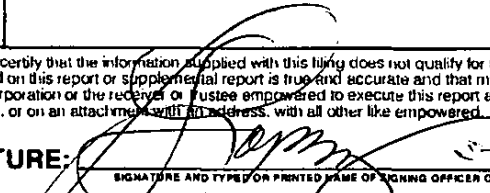
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FILED
Sep 06, 2005 8:00 am
Secretary of State

08-22-2005 90061 004 ***150.00

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DOCUMENT # P04000047965					
1. Entity Name PARAPETI INTERNATIONAL CORP.					
Principal Place of Business 14250 SW 152 PL MIAMI, FL 33196			Mailing Address 14250 SW 152 PL MIAMI, FL 33196		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1113102	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LOPEZ, STELLA 14250 SW 152 PL MIAMI, FL 33196				7. Name and Address of New Registered Agent 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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY ST ZIP	D LOPEZ, STELLA <input type="checkbox"/> Delete 14250 SW 152 PL MIAMI, FL 33196		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"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
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: 		Stella Lopez		8/31/05 519.0820 (305)	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT

084000047965

66026889

STELLA LOPEZ
1825 PONCE DE LEON BLVD.
NO. 232
CORAL GABLES, FL 33134

August 17, 2005

Disions of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: Parapeti International Corporation
FEI 20-1113102

To Whom It May Concern:

Attached please find the annual filling fee in the amount of \$150.00 (one hundred and fifty dollars).

I have been out of the state in business and was able to mail the fee earlier. If you have any questions please call at any time at 305-519-0820.

Yours truly,


Stella Lopez
Director