

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90057 020 ***150.00

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DOCUMENT # P04000137100 1. Entity Name DONNA PARIS, INC.																																																																																																																																																																																			
Principal Place of Business 21392 TOWN LAKES DRIVE 1026 BOCA RATON, FL 33486			Mailing Address 21392 TOWN LAKES DRIVE 1026 BOCA RATON, FL 33486																																																																																																																																																																																
2. Principal Place of Business <i>8130 GLADES ROAD</i>		3. Mailing Address <i>8130 GLADES ROAD</i>		01272005 Chg-P CR2E034 (10/03) 4. FEI Number <i>20-1696935</i> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																																															
Suite, Apt. #, etc. <i>#273</i>		Suite, Apt. #, etc. <i>#273</i>																																																																																																																																																																																	
City & State <i>BOCA RATON, FL</i>		City & State <i>BOCA RATON, FL</i>																																																																																																																																																																																	
Zip Country <i>33434 US</i>		Zip Country <i>33434 US</i>																																																																																																																																																																																	
6. Name and Address of Current Registered Agent PARIS, DONNA M 21392 TOWN LAKES DRIVE 1026 BOCA RATON, FL 33486				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) <i>8130 GLADES ROAD</i> <i>#273</i> City <i>BOCA RATON</i> FL Zip Code <i>33434</i>																																																																																																																																																																															
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____																																																																																																																																																																																			
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																																																																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Donna M. Paris / Donna M Paris</i> <i>4-9-05</i> <i>561-445-9991</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																																																			