# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2007 08:00 A**
**Secretary of State**

DOCUMENT # P05000081763

1. Entity Name
PARL, INC

| Principal Place of Business | Mailing Address |
|---|---|
| 12121 WEST LINEBAUGH AVENUE<br>TAMPA, FL 33626 | 12121 WEST LINEBAUGH AVENUE<br>TAMPA, FL 33626 |

04272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
20-2962111
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COLANDREA, ANTONIO
12121 WEST LINEBAUGH AVENUE
TAMPA, FL 33626

**DO NOT WRITE IN THIS SPACE**

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**
**After May 1, 2007 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000754117
05/22/07-80048-020 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | COLANDREA, ANTONIO |
| STREET ADDRESS | 500 LILLIAN DRIVE |
| CITY-ST-ZIP | MADEIRA BCH, FL 33708 |
| TITLE | VP |
| NAME | VERILO, PAOLO |
| STREET ADDRESS | 9016 N RIVER RD |
| CITY-ST-ZIP | TAMPA, FL 33635 |
| TITLE | TREA |
| NAME | VERILO, LAURA |
| STREET ADDRESS | 9016 N RIVER RD |
| CITY-ST-ZIP | TAMPA, FL 33635 |
| TITLE | SEC |
| NAME | COLANDREA, SOCCORSA M |
| STREET ADDRESS | 500 LILLIAN DRIVE |
| CITY-ST-ZIP | MADEIRA BCH, FL 33708 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** _____ 4-27-04 813-854-1616
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #