


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 A**  
**Secretary of State**

DOCUMENT # P93000053511  
1. Entity Name  
PARRANDA VENTURES, INC.



Principal Place of Business 4725 SW 8TH ST MIAMI, FL 33134	Mailing Address 4725 SW 8TH ST MIAMI, FL 33134
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01162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0432644	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
SARRIA, FRANCISCO  
4725 SE 8TH  
CORAL GABLES, FL 33134

**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 file if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

U00000398463  
01/30/06-80094-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	SARRIA, FEDERICO
STREET ADDRESS	4125 SW 8 ST.
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	S
NAME	SARRIA, MARIA DEL C
STREET ADDRESS	4125 SW 8 ST.
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	P
NAME	SARRIA, FRANCISCO
STREET ADDRESS	4725 SW 8TH
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	V
NAME	SARRIA, RICARDO
STREET ADDRESS	4725 SW 8TH
CITY-ST-ZIP	MIAMI, FL 33134
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: *X* FRANCISCO SARRIA 1/16/06 (305) 441-9412  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #