


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

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



Principal Place of Business <b>4725 SW 8TH ST MIAMI, FL 33134</b>	Mailing Address <b>4725 SW 8TH ST MIAMI, FL 33134</b>
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**DO NOT WRITE IN THIS SPACE**



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0432644</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SARRIA, FEDERICO 4125 SW 8 ST. MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SARRIA, MARIA DEL C 4125 SW 8 ST. MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SARRIA, FRANCISCO 4725 SW 8TH MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SARRIA, RICARDO 4725 SW 8TH MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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01/16/07-80049-008 150.00

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:  **FRANCISCO SARRIA** 1/5/07 305)441-9412  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #