

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P94000087060

1. Entity Name  
LOU PARELL, INC.



Principal Place of Business  
901 CYPRESS GROVE DRIVE  
#101  
POMPANO BEACH, FL 33069 US

Mailing Address  
901 CYPRESS GROVE DRIVE  
#101  
POMPANO BEACH, FL 33069 US

**FILED  
Jan 09, 2008 08:00 AM  
Secretary of State**



01062008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0539944	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

PARELL, LOU  
901 CYPRESS GROVE DROVE #101  
POMPANO BEACH, FL 33069

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

U000000777081  
01/09/08-80051-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	PARELL, LOU
STREET ADDRESS	901 CYPRESS GROVE DRIVE #101
CITY-ST-ZIP	POMPANO BEACH, FL 33069

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

Lou PARELL

1-6-08

954-969-1765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #