

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90190 031 ***150.00

DOCUMENT # P99000019724			
1. Entity Name PARIS MANAGEMENT, INC.			
Principal Place of Business 445 N.E. 6TH AVE., #1- DELRAY BEACH, FL 33483 US		Mailing Address C/O CALVIN PARIS 601 N.W. 12TH ST. DELRAY BEACH, FL 33444 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country PAHLM DEBEL	Zip	Country PAHLM DEBEL
4. FEI Number 52-2143680		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARIS, CALVIN R 601 NW 12TH ST. DELRAY BEACH, FL 33444		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 taking action) DATE _____			
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN (1)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARIS, CALVIN R 601 NW 12TH ST DELRAY BEACH, FL 33444 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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)(i), 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: 		4/26/04 561-243-0153	
PRINT NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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