2005 FOR PROFIT CORPORATION

Apr 13, 2005 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # L35845** 1. Entity Name P.A.R.S. CONSTRUCTION, INC. Principal Place of Business Mailing Address 11271 SW 33 CIR PL 11271 SW 33 CIR PL MIAMI, FL 33165 US MIAMI, FL 33165 US 04042005 No Chg-P CR2E034 (10/03) **DO NOT WRITE IN THIS SPACE** Applied For 4. FEI Number 65-0161584 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent RODRIGUEZ, PABLO A. DO NOT WRITE 11271 SW 33 CIRCLE PL MIAMI, FL 33165 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 and (NOTE, Registered Agent signature required when reinstating Signature typed or pri **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE RODRIGUEZ, PABLO A. NAME U00000301720 04/13/05-80045-004 150.00 STREET ADDRESS 11271 SW 33 CIR PL CITY-ST-ZIP MIAMI, FL 33165 THUE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME

12. Thereby 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 fifs 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 applications. If the appropriate in the appropriate in all other like appropriate in the appropr

STREET ADDRESS CITY ST-ZIP

ING OFFICER OR DIRECTOR

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