


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L58423**  
 1. Entity Name  
 PARS DEVELOPMENT, INC.



Principal Place of Business 1847 UNIVERSITY DR. CORAL SPRINGS, FL 33071 US	Mailing Address 1847 UNIVERSITY DR CORAL SPRINGS, FL 33071
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**DO NOT WRITE IN THIS SPACE**



01232005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0181309	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  
 ROCHE, ASHLING M  
 1847 UNIVERSITY DR  
 CORAL SPRINGS, FL 33071

**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, 2005 Fee will be \$550.00**

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

U00000199207  
 01/27/05-80083-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST ZANDI, HAMID 1847 UNIV. DR LAUDERHILL, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZANDI, HAMID 1847 UNIV. DR LAUDERHILL, FL
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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)(f), 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: A. Hamid Zandi 1/23/05 (954) 340-9096  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #