

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L58423

FILED
Apr 28, 2009
Secretary of State

Entity Name: PARS DEVELOPMENT, INC.

Current Principal Place of Business:

1847 UNIVERSITY DR.
CORAL SPRINGS, FL 33071 US

New Principal Place of Business:

Current Mailing Address:

1847 UNIVERSITY DR
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 65-0181309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROCHE, ASHLING M
1847 UNIVERSITY DR
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: ZANDI, HAMID
Address: 1847 UNIV. DR
City-St-Zip: LAUDERHILL, FL

Title: D () Delete
Name: ZANDI, HAMID
Address: 1847 UNIV. DR
City-St-Zip: LAUDERHILL, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: ZANDI, HAMID
Address: 1847 UNIV. DR
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D (X) Change () Addition
Name: ZANDI, HAMID
Address: 1847 UNIV. DR
City-St-Zip: CORAL SPRINGS, FL 33071

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: A. HAMID ZANDI

OFFI

04/28/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date