



**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000039289	
1. Entity Name PARSAUL, INC.	

Principal Place of Business 1425 SE 3RD AVE OCALA, FL 34471	Mailing Address 1425 SE 3RD AVE OCALA, FL 34471
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DO NOT WRITE IN THIS SPACE

		
02182008	No Chg-P	CR2E034 (11/05)
4. FEI Number 01-0656613	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

SALEHI, PARVIN  
 1425 SE 3RD AVE  
 OCALA, FL 34471

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 \_\_\_\_\_ (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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALEHI, PARVIN 1425 SE 3RD AVE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SALEHI, MORMOZ 1425 SE 3RD AVE OCALA, FL 34471
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 02/28/08-80005-011 150.00

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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: Parvin Salehi 2-19-08 (352) 368-2121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #