


**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90103 027 \*\*\*150.00

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 479553 ✓  
 1. Entity Name  
 Botkin Parssi & Associates, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
 6141 Lake Worth Road  
 Suite, Apt. #, etc.

3. Mailing Address  
 6141 Lake Worth Road  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 Lake Worth, FL

City & State  
 Lake Worth, FL

4. FEI Number 59-1690162 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Zip 33463 Country USA Zip 33463 Country USA

**DO NOT WRITE  
 IN THIS SPACE**

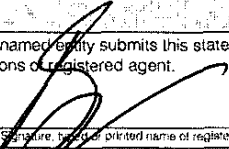
7. Name and Address of Current Registered Agent

Name Parssi, Bijan

Street Address (P.O. Box Number is Not Applicable)  
 630 S. Sapodilla Avenue, #415

City West Palm Beach FL Zip Code 33401

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  DATE 4/13/04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating)

January - May 1: Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 Make Check Payable to Florida Department of State

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	President Parssi, Bijan 630 S. Sapodilla Avenue, #415 West Palm Beach, FL 33401	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with an officer like empowered.

SIGNATURE:  DATE 4/13/04 561-965-1957

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

CR2E034B (12/02)