

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90030 014 \*\*\*150.00

<b>DOCUMENT # F07000003755</b>					
<b>1. Entity Name</b> <b>PAREXLAHABRA, INC.</b>					
<b>Principal Place of Business</b> <b>4125 E. LA PALMA AVE.</b> <b>ANAHEIM, CA 92807</b>			<b>Mailing Address</b> <b>4125 E. LA PALMA AVE.</b> <b>ANAHEIM, CA 92807</b>		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> <b>95-1915968</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>SIMMONS, GAIL</b> <b>3908 SELVITZ RD.</b> <b>FT. PIERCE, FL 34981</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <input type="checkbox"/> Delete <b>BOUAN, FRANCOIS</b> <b>412 SE LA PALMA AVE.</b> <b>ANAHEIM, CA 92807</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4125 E. LA PALMA AVE</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>C</b> <input type="checkbox"/> Delete <b>SEGUIN, RICHARD</b> <b>MATERIS, 19 PLACE DE LA RESISTANCE</b> <b>92446 ISSY-LES MOULINEAUX FR,</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input checked="" type="checkbox"/> Delete <b>DELASUS, DOMINGUE</b> <b>MATERIS, 19 PLACE DE LA RESISTANCE</b> <b>92446 ISSY-LES MOULINEAUX FR,</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D LACERDA, RODRIGO</b> <b>MATERIS, 19 PLACE DE LA RESISTANCE</b> <b>92446 ISSY-LES MOULINEAUX FRANCE</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input type="checkbox"/> Delete <b>HERBOUT, FREDERIC</b> <b>MATERIS, 19 PLACE DE LA RESISTANCE</b> <b>92446 ISSY-LES MOULINEAUX FR,</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>HERBOUT, FREDERIC</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> <input type="checkbox"/> Delete <b>CUMMINS, KENNETH</b> <b>3830 SINGER BLVD. NE, SUITE 2020</b> <b>ALBUQUERQUE, NM 87109</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> <input type="checkbox"/> Delete <b>COMISKEY, JOHN</b> <b>412 SE LA PALMA AVE.</b> <b>ANAHEIM, CA 92807</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4125 E. LA PALMA AVE</b>		
<b>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.</b>					
<b>SIGNATURE:</b> <u>FRANCOIS BOUAN</u> <span style="float: right;">07-10-08</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					