

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003755

Entity Name: PAREXLAHABRA, INC.

FILED
May 11, 2009
Secretary of State

Current Principal Place of Business:

4125 E. LA PALMA AVE.
ANAHEIM, CA 92807

New Principal Place of Business:

4125 E. LA PALMA AVE.
SUITE 250
ANAHEIM, CA 92807

Current Mailing Address:

4125 E. LA PALMA AVE.
ANAHEIM, CA 92807

New Mailing Address:

FEI Number: 95-1915968 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMMONS, GAIL
3908 SELVITZ RD.
FT. PIERCE, FL 34981 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOUAN, FRANCOIS
Address: 4125 E. LA PALMA AVE
City-St-Zip: ANAHEIM, CA 92807

Title: C () Delete
Name: SEGUIN, RICHARD
Address: MATERIS, 19 PLACE DE LA RESISTANCE
City-St-Zip: 92446 ISSY-LES MOULINEAUX FR,

Title: D () Delete
Name: LACERDA, RODRIGO
Address: MATERIS, 19 PLACE DE LA RESISTANCE
City-St-Zip: 92446 ISSY-LES MOULINEAUX FR,

Title: D () Delete
Name: HERBAUT, FREDERIC
Address: MATERIS, 19 PLACE DE LA RESISTANCE
City-St-Zip: 92446 ISSY-LES MOULINEAUX FR,

Title: S () Delete
Name: CUMMINS, KENNETH
Address: 3830 SINGER BLVD. NE, SUITE 2020
City-St-Zip: ALBUQUERQUE, NM 87109

Title: T () Delete
Name: COMISKEY, JOHN
Address: 4125 E. LAPALMA AVE
City-St-Zip: ANAHEIM, CA 92807

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LACERDA, RODRIGO
Address: 4125 E LA PALMA AVE
City-St-Zip: ANAHEIM, CA 92807

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FRANCOIS BOUAN

PD

05/11/2009

Electronic Signature of Signing Officer or Director

Date