## 2005 FOR PROFIT CORPORATION

	ANNUAL	REPORT					
1. Entity Name						FILED	
PAR BUIL	LDERS II, INC.				05	JAN 28 PM 2:5	
Principal Place		Mailing Address 3350 ULMERTON RD			SE TAL	CRETARY OF STATE LLAHASSEE, FLORID	ÌΑ
UNIT 4 CLEARWATER	R, FL 33762 US	UNIT 4 CLEARWATER, FL 33762 L	IS				
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D	O NOT WRITE	IN THIS SPA	CE :	01102005 4. FEI Number		CR2E034 (10/03)  Applied Fo	_
				59-253 5. Certificate	of Status Desired	\$8.75 Additional-Fee Required	able
	6. Name and Address of Current Re	gistered Agent	A Free sign		The fact of	The second secon	materials reg ( )
	ARY SOURI AVE. ATER, FL 34616-6919				NOT W		
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							
- OIGHAN GILE	Signature, typed or printed name of registered agent and	title il applicable. (NOTE: Registeri	ed Agent signature re	quired when reinstating)		DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DI	RECTORS	and the last wa	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ر د باري پاسريونيو څ <sub>م</sub> نځانم	The state of the s	p Šanon o C · C
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12. I hereby	certify that the information supplied with the	is filing does not qualify for the ex	emption stated	in Section 119.07(3)	(i), Florida Statutes. I	further certify that the informati	ion
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 of 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 somewhered.							
SIGNATURE // DIE COLONIO ///2/05							
	SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNING OFFICER OR DIRE	CTOR		Date /	Daytime Phone #	1