2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 10, 2006 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State			
1. Entity Nen	MENT # J39614 Pars, INC.				Secre	iary oi	State
5250 TOWN	ce of Business CENTER CIRCLE V, FL 33486	Mailing Address 5250 TOWN CENTER CIRCLE 80CA RATON, FL 33486					
Ε	O NOT WRITE	IN THIS SPA	CE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a Chg-P	CR2E034 (1	1/05) Applied For Not Applicable
				5. Certificate of Sta		□ \$8.7	5 Additional Regulated
	8. Name and Address of Current I	Registered Agent	`	<u> </u>			radminan
HOWARD, TAI C 5250 TOWN CENTER CIR #143 BOCA RATON, FL 33486			. 1. 122	DO NO		•	::
	named ertity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent		red office or registe		ne State of Flori	ida. I am famili	ar with, and accept
Fil After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaign Fina	ncing _ \$5	.00 May Be ded to Fees			
10.	OFFICERS AND I	DIRECTORS	Ĭ	<u> </u>		2.5	
TITLE NAME STREET ADDITIESS CITY-ST-ZIP	PO TAI, CHI-HWA 5250 TOWN CTR. CIR, #143 BOCA RATON, FL 33486			<u> </u>	. ৯দ্	. San () () () () () () () () () (. -
TITLE NAME STREET ADDRESS CITY-ST-ZIP				04	000000 1/22/06-	497703 80065-81	6 150.00
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TITLE NAME STREET ADDRESS GITY-ST-ZIP				IN TH	IS SP	ACE	
TITLE HAME SIREET ADDRESS CITY-S1-ZIP							. ,
SISLE NAME		, en el libro e	1			-	

12. Thereby certify that the information supplied with this filling 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 effort like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

CONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/04/2006_

1561368-8806

Daytime Phone #