2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR PHYSIC DIAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 20, 2006 08:00 AM Secretary of State

305.444-5847

ANNUAL REPORT				Secretary of State
DOCH	MENT # K87624	<u> </u>	a Taken) Secretary or state
1. Entity Name			A PAR	
	ENTERPRISES , INC.		The state of	{
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			1	}
Principal Place	e of Rusinese	Mailing Address	<u> </u>	1
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	. DE LEON BLVD ES. FL 33146	4213 PONCE DE LEON BLVD		
CORNE UNDL	C3, FE 33140	CORAL GABLES, FL 33146		}
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				{ 01122006 No Chg-P CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE			CE	01122006 No Chg-P CR2E034 (11/05)
				4. FEI Number Applied For
				65-0122420 Not Applicable
				5. Certificate of Status Desired \$8.75 Additional
				5. Certificate of Status Desired Fee Required
Name and Address of Current Registered Agent				****
YENGLE, ALEJANDRO F.			{	DO NOT WRITE
4213 PONCE DE LEON BLVD			{	
CORAL GA	ABLES, FL 33146		1	IN THIS SPACE
			}	III IIIIO OI MOL
			}	
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. Lam familiar with, and accept				
the obligations of registered agent.				
SIGNATURE Signature, lyaned or printed inputs of registered agent and title if applicable INDTE Registered Agent of grature required when reinstating) DATE				
Signal vin lyined or printed name of registered agent and still if applic still. INDTE Registered Agent rignature required when reinstalling) DATE				
STITE MOMBILE SEE IS \$450.00 9. Election Campaign Financing \$5.00 May 8e				
FIL After Mi	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0!	1		.00 May Be ded to Fees
10.	OFFICERS AND O	RECTORS	1	
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HAME	YENGLE, ALEJANDRO F.		}	
STREET ADDRESS	4213 PONCE DE LEON BLVD		}	
CITY ST ZIP	CORAL GABLES, FL		1	1 p
MLE	VD		1	- <u> </u>
NAME	YENGLE, PATRICIA R.		1	<i>41724706-</i> 80052-020 150.00
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12. I hereby	certify that the information sumplied with	his filling does not quality for the ex	vemotions contains	d in Chanter 119 Floring Statutes I further confit that the information
indicated	on this report or supplemental report is	tine and accounts and that unk eight	sture shall have the	same legal effect as if made under oath; that I am an officer or director
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 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 open like empowered.				
changest, or on an attachment with an audress, with all governike empowered				