

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90086 005 ****61.25

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04032006 Chg-NP CR2E037 (11/05)

DOCUMENT # N03000001307 1. Entity Name PANDA PARENTS, INC.			
Principal Place of Business 1400 NE 6TH STREET POMPAN0 BEACH, FL 33060		Mailing Address 1400 NE 6TH STREET POMPAN0 BEACH, FL 33060	
2. Principal Place of Business 1401 NE 4th Street Suite, Apt. #, etc. Bldg A City & State Pompano Beach, FL Zip 33060		3. Mailing Address 1401 NE 4th Street Suite, Apt. #, etc. Bldg A City & State Pompano Beach, FL Zip 33060	
4. FEI Number 01-0677196		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREENE, RICHARD P P.A. 2455 EAST SUNRISE BOULEVARD, SUITE 905 FORT LAUDERDALE, FL 33304		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	P TAYLOR, HEICL R 792 SW 2ND STREET BOCA RATON, FL 33486	<input checked="" type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	V FASANELLI, KERRY C 5910 NE 22ND TERRACE FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	S SCHROEDERS, LAURA 5910 NE 22ND TERRACE FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	T SCOTT, DEIDRE M 2145 IMPERIAL POINT DRIVE FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P- Schroeders, Laura	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			
STREET ADDRESS	5901 NE 22ND Terrace		
CITY-ST-ZIP	Fort Lauderdale, FL 33308		
TITLE	V- SCOTT, DEIDRE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			
STREET ADDRESS	2145 Imperial point drive		
CITY-ST-ZIP	Fort Lauderdale, FL 33308		
TITLE	S Cameron, Darby	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			
STREET ADDRESS	2811 NE 16th Court		
CITY-ST-ZIP	Pompano Beach, FL 33062		
TITLE	T- Hauser, Allison	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			
STREET ADDRESS	988 SE 9th Ave		
CITY-ST-ZIP	Pompano Beach, FL 33060		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 617, 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.			
SIGNATURE:		Laura K. Schroeders	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/14/06 Daytime Phone # 954-7761409	