


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000069218</b> 1. Entity Name PAKRAVAN INC	
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Principal Place of Business 5319 NW 26TH CR BOCA RATON, FL 33496	Mailing Address 5319 NW 26TH CR BOCA RATON, FL 33496
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**DO NOT WRITE IN THIS SPACE**



02082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1024530	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  PAKRAVAN, MANOTCHEHR M 5319 NW 26TH CR BOCA RATON, FL 33496
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**DO NOT WRITE  
IN THIS SPACE**

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>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAKRAVAN, MANOTCHEHR M 5319 NW 26TH CR BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAKRAVAN, PARICHEHR 5319 N.W. 26TH CIRCLE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/12/04-80094-025 150.00

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IN THIS SPACE**

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 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 other like empowered.

<b>SIGNATURE:</b> <i>in Paksavan</i> MANOTCHEHR MIKE PAKRAVAN 2/8/04 561-995-8139		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>