2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2005 08:00 AM
Secretary of State

t. Entity Nam PAKRAV	AN INC	,		-	Secret	tary of State
5319 NW 26	STH CR	Mailing Address 5319 NW 26TH CR BOCA RATON, FL 33496		1 / 200 1 2 1 1 1 1 1 1 1 1	ii: wwiii 2011 2011 001;	
DO NOT WRITE IN THIS SPACE				02092005 No Chg-P CR2E034 (10/03) 4. FEI Number		
	6. Name and Address of Current Regi	stered Agent	1		····	Fee Required
PAKRAVAN, MANOTCHEHR M 5319 NW 26TH CR BOCA RATON, FL 33496				IN TI	NOT WRIT	E
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						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.			ncing \$5.	00 May Be ed to Fees		09-015 150.00
10.	OFFICERS AND DIRE	CTORS		_		***
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	-				NOT WRIT	
TITLE NAME STREET ADDRESS GITY-ST-ZIP				IN T	HIS SPAC	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					· .	
12. I hereby certify that the information supplied with this filling 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 officeror 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.						

NOT MIKE PAKRAVAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: /