

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P0000069218**

1. Entity Name  
**PAKRAVAN INC**



Principal Place of Business      Mailing Address

**5319 NW 26TH CR  
BOCA RATON, FL 33496**      **5319 NW 26TH CR  
BOCA RATON, FL 33496**

**DO NOT WRITE IN THIS SPACE**



01092008    No Chg-P    CR2E034 (11/05)

4. FEI Number  
**65-1024530**      Applied For  
Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

**PAKRAVAN, MANOTCHEHR M  
5319 NW 26TH CR  
BOCA RATON, FL 33496**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

U00000784428  
01/16/08-80054-016 150.00

10. OFFICERS AND DIRECTORS	
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	

**DO NOT WRITE IN THIS SPACE**

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 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.

SIGNATURE: M. Pakravan (Pres.)    1/11/08    561-9958139

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #