

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000078697

1. Entity Name
P A R ENGINEERING CORP.



Principal Place of Business
680 W 53RD TERR
HIALEAH, FL 33012-2520

Mailing Address
680 W 53RD TERR
HIALEAH, FL 33012-2520



09062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0416489

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MAESTRE, PEDRO R
680 W 53RD TERR
HIALEAH, FL 33012-2520

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 15, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAESTRE, PEDRO R 680 W 53RD TERR HIALEAH, FL 330122520
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAESTRE, ANGEL 680 W 53RD TERR HIALEAH, FL 330122520
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAMOS, ROBERTO 6535 W 4 AVE HIALEAH, FL 33012
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000576611
09/11/06-80002-006 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #