## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2008 8:00 am Secretary of State

DOCUMENT # P0300004502  1. Entity Name PARK SQUARE RESIDENTIAL-TOWER C, INC.					05-01-2008 90198 001 ***150.00				
Principal Plac	e of Business	Mailing Address			-[	bUU	36450	)	
5835 BLUE I	LAGOON DR.	5835 BLUE LAGOON D	5835 BLUE LAGOON DR. MIAMI, FL 33126			·	20(	,	
Mirani, (C 3	3723	mann, ic 33120				1611	Fiii 6 61/4 66/11 6/	11: 11:11 11:11 11:11	
2. Principal Place of Business - No P.O. Box # 3		3. Mailing Address	. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01172008	Chg-P	CR2E	34 (12/06)	
City & State		City & State	City & State		4. FEI Number Applied For 05-0549350 Not Applicable				
Zip	Country	Zip	Country	у		of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered .	Agent	
SHOTEE MASOUD				Name Stragee, Masoud.					
SHOJEE, MASOUD 8550 NW 33 ST, STE 100' MIAMI, FL 33122				Street Address P.O. Box Number is Not Acceptable)					
				5835	<u>Blue</u>	Lagoon	Dr.	4rth	‡L
				city Mlan	- '		FL	-   <sup>zip</sup> 53	3126
8. The above the obligat	named entity submits this statement fi ions of legistered agent.	or the purpose of changing its	registered	d office or regist	ered agent, or bot	h, in the State of F	florida. I am	familiar with,	and accept
SIGNATURE	Signsture typed or printed name of registered agen	Land title if applicable. (NOTI	E: Registered A	Agent signature requi	ed when reinstating)		DATE		· ·
	<del>'</del> //							-	
Fill After Ma	E N <b>ow</b> ill FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campa: Trust Fund Cont			5.00 May Be ided to Fees				
After Ma	E NOWILL FEE IS \$150.00 ay 1, 2008 Fee will be \$550. OFFICERS AND	.00 Trust Fund Cont		☐ Å	ADDITIONS/	CHANGES TO OF		DIRECTOR:	S IN 11
10.	OFFICERS AND	.00 Trust Fund Cont	11.	□ Å	ADDITIONS/	change	_ ~	Change	S IN 11
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10.	OFFICERS AND	.00 Trust Fund Cont	11. TITLE NAME	ADDRESS ADDRESS	ADDITIONS/ ADDITIONS/ ADVISOR (B)	change		Change	
10. TITLE NAME STREET ADDRESS	OFFICERS AND D SHOJAEE, MASOUD 8550 NW 33 ST, STE 100	.00 Trust Fund Cont	11. TITLE NAME STREET	ADDRESS 11-ZIP	ADDITIONS/	change Il lag FL 33	000 D 126	Change	
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	OFFICERS AND D SHOJAEE, MASOUD 8550 NW 33 ST, STE 100 MIAMI, FL 33122 D SHOJAEE, MARIA L	D DIRECTORS	11. ITILE NAME STREET CITY-ST	ADDRESS CT. ZIP	ADDITIONS/ ADDITIONS/ ADVISOR (B)	change	000 D 126	Change Y - Yy	Addition H FL
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2. Thereby certify that the informations with fundaming does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that in a indicated on this report or supplier ental report of supplier ental report 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Masoud Shojaee

1/21/08

786-437-8658

Date

Daytime Phone #