2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000134507

Entity Name: PASY INVESTMENT, INC.

3546 WOODBERRY CT

KISSIMMEE, FL 34746

Address:

City-St-Zip:

FILED May 19, 2009 Secretary of State

Entity Name: PASY INVESTMENT, INC.					
Current P	rincipal Place	of Business:	New Principal Place o	New Principal Place of Business:	
	DDBERRY CT E, FL 34746				
Current M	ailing Addres	s:	New Mailing Address	New Mailing Address:	
	LE ISLE CIR E, FL 34746		3546 WOODBERRY C' KISSIMMEE, FL 34746		
FEI Number:	: 65-1209928	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
	IARIA LE ISLE CIR E, FL 34746	US	PAGAN, PABLO 3546 WOODBERRY C' KISSIMMEE, FL 34746		
	named entity s e of Florida.	ubmits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: PABLO PAGAN				05/19/2009	
	Electron	ic Signature of Registered Age	ent	Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () PAGAN, PABLO 3546 WOODBE KISSIMMEE, FL	RRY CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD () RIVERA, SANTO 3546 WOODBE KISSIMMEE, FL	RRY CT	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VPD (X) PAGAN, MARIA 3848 EAGLE IS KISSIMMEE, FL	LE CIR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	TES (X) SEPULVEDA. J	Delete NME M	Title: (() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: PABLO PAGAN PD 05/19/2009