

ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000150656

1. Entity Name
PAR FOR PATS IV, INC.



Principal Place of Business
**2530 NE 24TH STREET
 FT LAUDERDALE, FL 33305**

Mailing Address
**2530 NE 24TH STREET
 FT LAUDERDALE, FL 33305**

DO NOT WRITE IN THIS SPACE

03132006 No Chg-P CR25034 (11/05)

4. FEI Number
20-1882638

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**MANIAR, RAJU
 7737 N UNIVERSITY DR #201
 TAMARAC, FL 33321**

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] DATE 4/6/06

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: registered Agents signature required when withdrawing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

000000496780
 04/22/06-80026-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, ASHOK 2530 NE 24TH STREET FT LAUDERDALE, FL 33305
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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 687, 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] DATE 4/2/06 4073650998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR