

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000151862 1. Entity Name PARAH MARINE ENGINEERING, INC.					
Principal Place of Business 8272 N.W. SOUTH RIVER DR. MIAMI FL 33166			Mailing Address 8272 N.W. SOUTH RIVER DR. MIAMI FL 33166		
2. Principal Place of Business Suite Apt. #, etc		3. Mailing Address Suite, Apt. #, etc			
City & State Zip		City & State Zip		Country	
6. Name and Address of Current Registered Agent LINARES, VICTOR L 8272 N.W. SOUTH RIVER DR. MIAMI FL 33166			7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City		
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, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SNYDER, DAVID E 23801 S.W. 153RD AVE. HOMESTEAD FL 33032	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHMITZ, KARL-HEINZ IM GEWERBEPARK 15, D-86570 INCHENHOFEN, GERMANY	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LINARES, VICTOR L 15150 S.W. 92ND TERR. MIAMI FL 33196	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.			U00000557529 05/17/06-80056-004 150.00		
SIGNATURE: Victor L Linares SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			04-26-06 305 8851760 Date Daytime Phone #		



1st MOORE CR2E034 (10/05)

4. FEI Number **AP-PLIED FOR** ☐ Applied For ☐ Not Applicable

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

FL Zip Code