

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 21, 2006 8:00 am
Secretary of State

05-05-2006 90193 036 ***150.00

DOCUMENT # P04000163879					
1. Entity Name PATTAR ENTERPRISE INC					
Principal Place of Business 7301 CRILL AVE PALATKA FL 32177			Mailing Address 1690 DUNN AVE APT 114 DAYTONA BEACH FL 32114		
2. Principal Place of Business		3. Mailing Address 7301 CRILL AVE.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State PALATKA FL 32177		4. FEI Number 01-0824861	
Zip		Country		Applied For ☐ Not Applicable	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATTAR, TARSEM S 1690 DUNN AVE APT 114 DAYTONA BEACH FL 32114		7. Name and Address of New Registered Agent			
Name		Street Address (P.O. Box Number is Not Acceptable)			
City		Zip Code			
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 fee if applicable) (NOTE: Registered Agent signature required when re-registering) 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. ☐ \$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	P PATTAR, PRAKASH K 1690 DUNN AVE APT 114 DAYTONA BEACH FL 32114		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PATTAR, TARSEM S 1690 DUNN AVE APT 114 DAYTONA BEACH FL 32114		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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.					
SIGNATURE: 4, 27, 06			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		