2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P07000038822 1. Entity Name 01-14-2008 90106 049 ***150.00 PARMAN INVESTMENTS CORP. Principal Place of Business Mailing Address 5319 N.W. 26TH CIRCLE 5319 N.W. 26TH CIRCLE BOCA RATON, FL 33496 BOCA RATON, FL 33496 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092008 Chg-P CR2E034 (12/06) 4. FEI Number 89 46 City & State City & State Applied For Not Applicable Žip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PAKRAUAN MANOCHEHR **BLODIG, GREGORY J ESQ** Street Address (P.O. Box Number is Not Acceptable GREENSPOON MARDER, P.A. Q_ 100 W. CYPRESS CREEK ROAD, SUITE 700 FORT LAUDERDALE, FL 33309 Boca Rotton 3349 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 Rorida. I am familiar with, and accept the obligations of registered ager MANOTCHEHR SIGNATURE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MLE Oelete ΠLE ☐ Addition Change PAKRAVAN, MANOTCHEHR NAME MARKE STREET ADDRESS .5319 N.W. 26TH CIRCLE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33496 CITY-ST-ZIP TILE ☐ Delete TITLE ☐ Change ☐ Addition PAKRAVAN, PARICHEHR D NAME NAME STREET ADDRESS **5319 N.W. 26TH CIRCLE** STREET ADDRESS CITY-ST-7P BOCA RATON, FL 33496 CITY, ST. 7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE October | TTLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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.

FILED

Jan 14, 2008 8:00 am