

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000042366

FILED  
Apr 20, 2005  
Secretary of State

Entity Name: PRUDENTIAL FLAMERS CORP.

**Current Principal Place of Business:**

500 SOUTH 3RD ST.  
JACKSONVILLE BCH, FL 32250 US

**New Principal Place of Business:**

**Current Mailing Address:**

500 SOUTH 3RD ST.  
JACKSONVILLE BCH, FL 32250 US

**New Mailing Address:**

FEI Number: 59-3188051

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DARABI, FARZIN  
500 SOUTH 3RD ST.  
SUITE 201  
JACKSONVILLE BCH, FL 32250 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DARABI, FARZIN  
Address: 63 BEACH AVENUE  
City-St-Zip: ATLANTIC BCH, FL

Title: STD ( ) Delete  
Name: PARTOW, RAMIN  
Address: 335 11TH STREET  
City-St-Zip: ATLANTIC BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: RAMIN PARTOW

STD

04/20/2005

Electronic Signature of Signing Officer or Director

Date