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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1006

DOCU 1. Corporation	JMENT on Name	# P9500	00047155 (3)		·	
P.R.K	GROUP	. INC.	•	•			
		,			I HABIKABA NIA MANAK AKKIN ABIKI ABIK	t) Al aila Al tea Banas annna a	iadi dipak dini kani
Principa! Plac	e of Busines	s	Mailing Address				
ONE ON ANY TRANSPORT					A CONTROL AND LONG COURT PRINT BEING	aanı adın Albii 16681 ji	indi diral Alli 1881
DELRAY BEACH FL 33445 3130 SW 20TH TERRACE, 13A2 DELRAY BEACH FL 33445 DELRAY BEACH FL 33445							
313 2. Principal P	Sace of Busin	wto Terrace	20 Mailine Adal		3. Date Incorporated or Qualified 06/13/1995	3a. Date of Last	Report
1	1342		2a. Malling Address	16227	4. FEI Number	_	Applied For
Suite, Apt.	#, etc.	1-0	Suite, Apt. #, etc.	0000	650591870		Not Applicabl
	autse		27		5. Certificate of Status Desired		5 Additional Required
			City & State	J. J. 40.	6. Election Campaign Financing	- \$5.0	00 May Be
Zip	71	-Gounta N	Zio	Country	Trust Fund Contribution	□ Add	ed to Fees
4		25 talingeach	29 33482	35 - Falm Roads	8. This corporation has liability or Florida Statutes Yes	intangible tax under : :	s 199.032,
	9. Name	and Address of Curre	ent Registered Agent	301117222	10. Name and Address of New F		
1/6-(1.4)	ID 515316			81 Name			
	ND, PATRIC			82 Street Addr	ress (P.O. Box Number is Not Acceptab	ole)	
	W ZUIN IE / BEACH FI	RRACE, 13A2		83			
DECIVA	DENOTE	L 33443		63			
				84 City		85 Z	ip Code
 Pursuant to or register 	to the provision	ons of Sections 607.050	2 and 607.1508, Florida Statu	tes, the above-named corpora	ation submits this statement for the our	mose of changing ite	ragintared offic
	to the provision red agent, or ith, and accep	ons of Sections 607.050 both, in the State of Flor pt the obligations of, Sec	2 and 607.1508, Florida Statu ida. Such change was authori: tion 607.0505, Florida Statute	ites, the above-named corpor zed by the corporation's boar s.	ration submits this statement for the pur rd of directors. I hereby accept the appo	pose of changing its pintment as registered	registered offic d agent. I am
SIGNATURE _		or printed name of registered ager	ot and title if applicable (N	tes, the above-named corpor, zed by the corporation's boar s. OTE: Registered Agent signature required			registered offic d agent. I am
SIGNATURE _	Signature, typed	or printed name of registered ager	ot and title if applicatio (Ni	OTE: Registered Agent signature required		DATE	
SIGNATURE _ I2. ITLE	Signature, typed	or printed name of registered agor OFFICERS AN	ot and title if applicable (N	OTE: Registered Agent signature required 13. 1.1 TITLE	d when reinstating)	DATE	
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CHITTON OF PICER OR DIRECTOR

4/23/16 47-274-6772