

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 10, 2005 8:00 am**  
**Secretary of State**

08-10-2005 90016 021 \*\*\*550.00

**DOCUMENT # P97000003558**

1. Entity Name  
P. M. & R. RESOURCES, INC.



Principal Place of Business  
860 US HIGHWAY ONE 203B  
NORTH PALM BEACH, FL 33408

Mailing Address  
860 US HIGHWAY ONE 203B  
NORTH PALM BEACH, FL 33408

**50060830**



05052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0721495**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BASHIR, PARVAZE  
1165 N OCEAN DR  
SUITE 1  
RIVIERA BEACH, FL 33404

**DO NOT WRITE  
IN THIS SPACE**

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

*Parvaze Bashir*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**8/3/05**

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D #225  
NAME BASHIR, PARVAZE  
STREET ADDRESS ~~6039 EAST PINNACLE POINT~~ 13891 Newport Ave  
CITY-ST-ZIP ORANGE, CA 92669 TUSTIN CA 92780

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*Parvaze Bashir*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/3/05 (714) 665-6920**  
Date Daytime Phone #