

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90030 014 \*\*\*150.00

<b>DOCUMENT # P97000077052</b> 1. Entity Name <b>PARS REAL ESTATE INVESTMENTS CORP.</b>					
Principal Place of Business <b>8550 N.W. 33RD STREET SUITE 100 MIAMI, FL 33122</b>			Mailing Address <b>8550 N.W. 33RD STREET SUITE 100 MIAMI, FL 33122</b>		
2. Principal Place of Business <b>5835 Blue Lagoon Dr.</b>			3. Mailing Address <b>5835 Blue Lagoon Dr.</b>		
Suite, Apt. #, etc. <b>4rth fl</b>			Suite, Apt. #, etc. <b>4rth fl</b>		
City & State <b>Miami FL</b>			City & State <b>Miami FL</b>		
Zip <b>33126</b>			Zip <b>33126</b>		
Country <b>USA</b>			Country <b>USA</b>		
4. FEI Number <b>65-0783686</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>SHOJAE, MASOUD 8550 N.W. 33RD STREET SUITE 100 MIAMI, FL 33122</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOJAE, MASOUD 8550 N.W. 33RD STREET MIAMI, FL 33122 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOJAE, MASOUD 5835 BLUE LAGOON DRIVE, 4RTH FL MIAMI, FL 33126 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOJAE, MARIA LAMAS DE 8550 N.W. 33RD STREET MIAMI, FL 33122 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMAS SHOJAE, MARIA 5835 BLUE LAGOON DRIVE, 4RTH FL MIAMI, FL 33126 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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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.					
<b>SIGNATURE:</b> _____			Date <b>4/12/04</b> Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

24041137



04052004 Chg-P CR2E034 (10/03)