

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 A
Secretary of State

DOCUMENT # P99000107142

1. Entity Name
PAR-DI SERVICES, INC.



Principal Place of Business

**8603 S. DIXIE HWY.
STE 201
MIAMI, FL 33143**

Mailing Address

**8603 S. DIXIE HWY.
STE 201
MIAMI, FL 33143**



03192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0967523	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SCHUETTE, SANDRA
8603 S DIXIE HWY #201
MIAMI, FL 33143**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

U000000677464

03/30/07-80105-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NEALE, ROBERT S
STREET ADDRESS	8603 S DIXIE HWY #201
CITY-ST-ZIP	MIAMI, FL 33143

TITLE	VP
NAME	KASOW, ANDREW M
STREET ADDRESS	8603 S DIXIE HWY #201
CITY-ST-ZIP	MIAMI, FL 33143

TITLE	ST
NAME	SCHUETTE, SANDRA
STREET ADDRESS	8603 S DIXIE HWY #201
CITY-ST-ZIP	MIAMI, FL 33143

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Sandra Schuette
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-07 305-663-1515 x305
Date Daytime Phone #

Sandra Schuette