


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # S81266 1. Entity Name PARS FOOD AND DELI, INC.	
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Principal Place of Business 2124 S 78TH STREET TAMPA, FL 33619	Mailing Address 2124 S 78TH STREET TAMPA, FL 33619
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04292004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3091335	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BARATI, SORAYA 2124 S. 78TH ST. TAMPA, FL 33619
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**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BARATI, SORAYA B. 2124 S. 78TH ST. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHIRZADI, GHOLI 2124 S. 78TH ST. TAMPA, FL
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**DO NOT WRITE
IN THIS SPACE**

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05/03/04-20166-004 150.00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gholi Shirzadi Gholi Shirzadi 4-28-04 (813) 677-0378