

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Aug 04, 2005  
Secretary of State

DOCUMENT# N04000000280

Entity Name: THE IRANIAN FESTIVAL OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

C/O MELVIN C. MORGENSTERN, P.A.  
STE 1275 1320 S DIXIE HWY  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MELVIN C. MORGENSTERN, P.A.  
STE 1275 1320 S DIXIE HWY  
CORAL GABLES, FL 33146

**New Mailing Address:**

FEI Number: 77-0619949      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MELVIN C. MORGENSTERN, P.A.  
STE 1275 132 S DIXIE HWY  
CORAL GABLES, FL 33146      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: EFTEKHARI, NASSER  
Address: 6301 SW 112TH ST  
City-St-Zip: PINCREST VILLAGE, FL 33156

Title: D      ( ) Delete  
Name: MALEK, ALI R  
Address: 12861 SW 10 ST  
City-St-Zip: PLANTATION, FL 33322

Title: D      ( ) Delete  
Name: KHOSRAVI, SHAHRAZAD S  
Address: 299 ALBAMBRA CIR STE 404  
City-St-Zip: CORAL GABLES, FL 33134

Title: D      ( ) Delete  
Name: FATEMIAN, SAEED  
Address: 7955 NW 12 ST STE 314  
City-St-Zip: CORAL GABLES, FL 33146

Title: D      ( ) Delete  
Name: REZAIE, JILA  
Address: 7510 SW 98 CT  
City-St-Zip: MIAMI, FL 33173

Title: D      ( ) Delete  
Name: TAVAKOLY, AHMAD  
Address: 8723 SW 129 ST  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELVIN C MORGENSTERN

RA

08/04/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date