

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006
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 ()

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 Chapter 119, 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, PA

RA

04/20/2006

Electronic Signature of Signing Officer or Director

_____ Date