
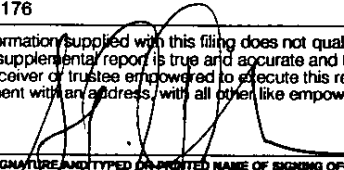


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90046 005 ****61.25

DOCUMENT # N0400000280 1. Entity Name THE IRANIAN FESTIVAL OF SOUTH FLORIDA, INC.			
Principal Place of Business C/O MELVIN C. MORGENSTERN, P.A. STE 1275 1320 S DIXIE HWY CORAL GABLES, FL 33146		Mailing Address C/O MELVIN C. MORGENSTERN, P.A. STE 1275 1320 S DIXIE HWY CORAL GABLES, FL 33146	
2. Principal Place of Business - No P.O. Box # 9400-S. Dadeland Blvd.		3. Mailing Address 9400-S. Dadeland Blvd.	
Suite, Apt. #, etc. 600		Suite, Apt. #, etc. 600	
City & State CORAL GABLES, FL		City & State Coral Gables, FL	
Zip 33156 Country		Zip 33156 Country	
6. Name and Address of Current Registered Agent MELVIN C. MORGENSTERN, P.A. STE 1275 132 S DIXIE HWY CORAL GABLES, FL 33146		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9400-S. Dadeland Boulevard Suite #600 City Coral Gables FL Zip Code 33156	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EFTEKHARI, NASSER	NAME	
STREET ADDRESS	6301 SW 112TH ST	STREET ADDRESS	
CITY-ST-ZIP	PINCREST VILLAGE, FL 33156	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALEK, ALI R	NAME	
STREET ADDRESS	12861 SW 10 ST	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33322	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHOSRAVI, SHAHRAZAD S	NAME	
STREET ADDRESS	299 ALBAMBRA CIR STE 404	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FATEMIAN, SAEED	NAME	
STREET ADDRESS	7955 NW 12 ST STE 314	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33146	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REZAIIE, JILA	NAME	
STREET ADDRESS	7510 SW 98 CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33173	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAVAKOLY, AHMAD	NAME	
STREET ADDRESS	8723 SW 129 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP	
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 617, 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: 		S. SHAWN KHOSRAVI President 3/26/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

Daytime Phone # 305-461-0667