


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N0400000280
 1. Entity Name
THE IRANIAN FESTIVAL OF SOUTH FLORIDA, INC.



Principal Place of Business 9400 S DADELAND BLVD 600 CORAL GABLES, FL 33156	Mailing Address 9400 S DADELAND BLVD 600 CORAL GABLES, FL 33156
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DO NOT WRITE IN THIS SPACE



01032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 77-0619949	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

MELVIN C. MORGENSTERN, P.A.
 9400 S DADELAND BLVD
 SUITE 600
 CORAL GABLES, FL 33156

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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

U00000937557
 05/27/08-80053-025 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EFTEKHARI, NASSER 6301 SW 112TH ST PINCREST VILLAGE, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALEK, ALI R 12861 SW 10 ST PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHOSRAVI, SHAHRAZAD S 299 ALBAMBRA CIR STE 404 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FATEMIAN, SAEED 7955 NW 12 ST STE 314 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REZAIE, JILA 7510 SW 98 CT MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAVAKOLY, AHMAD 8723 SW 129 ST MIAMI, FL 33176

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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 reports 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 817, 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:  DATE: Apr 28/08 (305) 461-6667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #