

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000280

FILED
Apr 27, 2009
Secretary of State

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

Current Principal Place of Business:

9400 S DADELAND BLVD
600
CORAL GABLES, FL 33156

New Principal Place of Business:

299 ALHAMBRA CIRCLE
404
CORAL GABLES, FL 33134

Current Mailing Address:

9400 S DADELAND BLVD
600
CORAL GABLES, FL 33156

New Mailing Address:

299 ALHAMBRA CIRCLE
404
CORAL GABLES, FL 33134

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.
9400 S DADELAND BLVD
SUITE 600
CORAL GABLES, FL 33156 US

Name and Address of New Registered Agent:

SHAWN KHOSRAVI
299 ALHAMBRA CIRCLE
SUITE 404
CORAL GABLES, FL 33134 US

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: SHAWN KHOSRAVI

04/27/2009

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 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: SHAWN KHOSRAVI

D

04/27/2009

Electronic Signature of Signing Officer or Director

Date