

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000280

FILED  
Jan 19, 2010  
Secretary of State

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

## Current Principal Place of Business:

299 ALHAMBRA CIRCLE  
404  
CORAL GABLES, FL 33134

## Current 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 ( )

## New Principal Place of Business:

299 ALHAMBRA CIRCLE  
SUITE 404  
CORAL GABLES, FL 331345117

## New Mailing Address:

299 ALHAMBRA CIRCLE  
SUITE 404  
CORAL GABLES, FL 331345117

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

KHOSRAVI, SHAWN  
299 ALHAMBRA CIRCLE  
SUITE 404  
CORAL GABLES, FL 331345117 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

01/19/2010

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D  
Name: EFTEKHARI, NASSER  
Address: 6301 SW 112 STREET  
City-St-Zip: PINECREST VILLAGE, FL 331564850

Title: D  
Name: MALEK, ALI R  
Address: 12861 SW 10 STREET  
City-St-Zip: PLANTATION, FL 33322

Title: D  
Name: KHOSRAVI, SHAHRZAD S  
Address: 299 ALHAMBRA CIRCLE, SUITE 404  
City-St-Zip: CORAL GABLES, FL 331345117

Title: D  
Name: FATEMIAN, SAEED  
Address: 7955 NW 12 STREET, SUITE 314  
City-St-Zip: DORAL, FL 331261823

Title: D  
Name: REZAIE, JILA  
Address: 7510 SW 98 COURT  
City-St-Zip: MIAMI, FL 331733110

Title: D  
Name: TAVAKOLY, AHMAD  
Address: 8723 SW 129 STREET  
City-St-Zip: MIAMI, FL 331765916

I hereby 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 all other like empowered.

SIGNATURE: SHAHRZAD S. KHOSRAVI

D

01/19/2010

Electronic Signature of Signing Officer or Director

Date