

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000075817

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: MINA ZAHEDI INC.

**Current Principal Place of Business:**

1050 W. GRANADA BLVD.  
2  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

21 TOMOKA COVE WAY  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 59-3728952      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ZAHEDI, MINA  
21 TOMOKA COVE WAY  
ORMOND BEACH, FL 32174      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: ZAHEDI, MINA  
Address: 21 TOMOKA COVE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: V      ( ) Delete  
Name: BABAZADEH, ALI  
Address: 21 TOMOKA COVE  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALI BABAZADEH

MR.

01/13/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date