

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000085353

FILED  
Apr 25, 2009  
Secretary of State

Entity Name: SHORT RIVER MANAGEMENT, INC.

**Current Principal Place of Business:**

6299 W. SUNRISE BOULEVARD  
SUITE 101  
SUNRISE, FL 33313

**New Principal Place of Business:**

9170 WEST SR-84  
DAVIE, FL 33324

**Current Mailing Address:**

6299 W. SUNRISE BOULEVARD  
SUITE 101  
SUNRISE, FL 33313

**New Mailing Address:**

9170 WEST SR-84  
DAVIE, FL 33324

FEI Number: 26-0863114

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

LYON, JAMES B ESQ  
3300 UNIVERSITY DRIVE  
SUITE 802  
CORAL SPRINGS, FL 33065 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/D ( ) Delete  
Name: MOGHADDAM, MEHRDAD F  
Address: 6299 W. SUNRISE BOULEVARD, SUITE 101  
City-St-Zip: SUNRISE, FL 33313 US

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

Title: P/D (X) Change ( ) Addition  
Name: MOGHADDAM, MEHRDAD F  
Address: 9170 WEST SR-84  
City-St-Zip: DAVIE, FL 33324 US

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: MIKE FALLAH

PRES

04/25/2009

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

\_\_\_\_\_ Date