

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 27, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000004550**

1. Entity Name

**G & G DAREHSHORI FOUNDATION, INC.**



Principal Place of Business

**979 EAST GULF DRIVE  
UNIT 514  
SANIBEL, FL 33957**

Mailing Address

**2402 PALM RIDGE ROAD  
PMB 155  
SANIBEL, FL 33957**



04072008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-0937170**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**STERN, JERROLD S  
695 TARPON BAY ROAD #2  
SANIBEL, FL 33957**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000952362  
06/04/08-80074-026 61.25

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	DAREHSHORI, GEORGIA
STREET ADDRESS	2402 PALM RIDGE ROAD, #155
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	D
NAME	DAREHSHORI, GHOLI
STREET ADDRESS	2402 PALM RIDGE ROAD, #155
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	D
NAME	DAREHSHORI, SARA
STREET ADDRESS	429 GREENWICH ST PH
CITY-ST-ZIP	NEW YORK, NY 10013
TITLE	D
NAME	ROLFE, RONALD
STREET ADDRESS	429 GREENWICH ST PH
CITY-ST-ZIP	NEW YORK, NY 10013
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 report 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 617, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #