

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000000197

**Entity Name:** AZERBAIJANI AMERICAN CULTURAL ASSOCIATION, INC.

**Current Principal Place of Business:**

3615 NE 207 STREET APT 3315  
AVENTURA, FL 33180

**Current Mailing Address:**

3615 NE 207 STREET APT 3315  
AVENTURA, FL 33180 US

**FEI Number: 06-1837335**

**Certificate of Status Desired: No**

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

EMINOVA, TOHFA A  
250 174 STREET  
# 405  
SUNNY ISLES BEACH, FL 33160 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name EMINOVA, TOHFA  
Address 250 174 STREET  
# 405  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title S  
Name EMINOV, AZHDAR  
Address 250 174 STREET  
# 405  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title V.C.  
Name ULUTASH , MEHMET  
Address 250 174 STREET  
#405  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title T  
Name MAMMADOV, ULVI  
Address 250 174 STREET  
# 405  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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: TOHFA EMINOVA**

**PRESIDENT**

**04/26/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date