

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L60391

**Entity Name:** SHAGEN ABOVYAN, INC.

**Current Principal Place of Business:**

50 NE 26TH AVE  
SUITE 305  
POMPANO BEACH, FL 33062

**Current Mailing Address:**

50 NE 26TH AVE  
SUITE 305  
POMPANO BEACH, FL 33062

**FEI Number:** 65-0176349

**Certificate of Status Desired:** No

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

ABOVYAN, SHAGEN  
2811 NE 12TH ST.  
POMPANO BEACH, FL 33062 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	PSD	Title	VTD
Name	ABOVYAN, SHAGEN	Name	ABOVYAN, MARI
Address	2811 N.E. 12TH STREET	Address	2811 N.E. 12TH STREET
City-State-Zip:	POMPANO BEACH FL 33062	City-State-Zip:	POMPANO BEACH FL 33062

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

**SIGNATURE:** SHAGEN ABOVYAN

**PRESIDENT**

**02/27/2017**

Electronic Signature of Signing Officer/Director Detail

Date