

**2016 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  
Name ABOVYAN, SHAGEN  
Address 2811 N.E. 12TH STREET  
City-State-Zip: POMPANO BEACH FL 33062

Title VTD  
Name ABOVYAN, MARI  
Address 2811 N.E. 12TH STREET  
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**

**03/21/2016**

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

\_\_\_\_\_  
Date