

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000079875

**Entity Name:** DR. MOSHEN'S, INC.

**Current Principal Place of Business:**

7354 SW 60TH STREET  
MIAMI, FL 33143

**FILED**  
**Apr 30, 2015**  
**Secretary of State**  
**CC5270360250**

**Current Mailing Address:**

7354 SW 60TH STREET  
MIAMI, FL 33143 US

**FEI Number: 45-1496902**

**Certificate of Status Desired: Yes**

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

ZARRABIAN, TERESIA  
4751 NW 98TH PLACE  
MIAMI, FL 33178 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            PRES  
Name            MOHAMMADPOUR, MOHSEN T  
Address        7354 SW 60TH STREET  
City-State-Zip: MIAMI FL 33143

Title            DIR  
Name            MOHAMMADPOUR, MAHDI  
Address        7354 SW 60TH STREET  
City-State-Zip: MIAMI FL 33143

Title            DIR  
Name            ZARRABIAN, FARSHAD  
Address        4751 NW 98TH PLACE  
City-State-Zip: MIAMI FL 33178

Title            DIR  
Name            MOHAMMADPOUR, HADI  
Address        7354 SW 60TH STREET  
City-State-Zip: MIAMI FL 33143

Title            T  
Name            HAGHIGHAT, ZAHRA  
Address        7354 SW 60TH STREET  
City-State-Zip: MIAMI FL 33143

*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: MOHSEN T MOHAMMADPOUR**

**DR.**

**04/30/2015**

Electronic Signature of Signing Officer/Director Detail

Date