

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90073 032 ***158.75

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1. Entity Name

AMIR, TTT, INC.



Principal Place of Business

2108 SW 13TH ST.
GAINESVILLE FL 32608

Mailing Address

2108 SW 13TH ST.
GAINESVILLE FL 32608

50021169



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

5709 SW 18TH ST.

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL.

4. FEI Number

80-0028608

Applied For

Not Applicable

Zip

Country

Zip

32608

Country

ALACHUA

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHIRAZIAN, EAMAN
3209 SW 13TH ST.
5709 SW 18TH ST.
GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SHIRAZIAN, S.G. R
STREET ADDRESS 5709 SW 18TH ST
CITY-STATE-ZIP GAINESVILLE FL 32608

TITLE VD ☐ Delete
NAME SADIGHI, MARZIEH
STREET ADDRESS 5709 SW 18TH ST
CITY-STATE-ZIP GAINESVILLE FL 32608

TITLE D ☐ Delete
NAME MOZAHAB, HASSAN
STREET ADDRESS 5709 SW 18TH ST
CITY-STATE-ZIP GAINESVILLE FL 32608

TITLE SD ☐ Delete
NAME SHIRAZIAN, EAMAN
STREET ADDRESS 5709 SW 18TH ST
CITY-STATE-ZIP GAINESVILLE FL 32608

TITLE T ☐ Delete
NAME SHIRAZIAN, AZADEH
STREET ADDRESS 5709 SW 18TH ST
CITY-STATE-ZIP GAINESVILLE FL 32608

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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 #

02/22/05