

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90046 002 ***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

5709 SW 18TH ST
GAINESVILLE FL 32608

2. Principal Place of Business

5709 SW 18TH ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)



City & State

GAINESVILLE, FL.

City & State

4. FEI Number

80-0028608

Applied For

Not Applicable

Zip

32608

Country

U.S.A.

Zip

Country

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

EAMAN SHIRAZIAN (SD)

01-21-06

(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, 2006 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	<input type="checkbox"/> Delete
NAME	SHIRAZIAN, S.G. R	
STREET ADDRESS	5709 SW 18TH ST	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SADIGHI, MARZIEH	
STREET ADDRESS	5709 SW 18TH ST	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOZAHAB, HASSAN	
STREET ADDRESS	5709 SW 18TH ST	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHIRAZIAN, EAMAN	
STREET ADDRESS	5709 SW 18TH ST	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHIRAZIAN, AZADEH	
STREET ADDRESS	5709 SW 18TH ST	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

MARZIEH SADIGHI

01-21-06

352-219-4546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #