

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005894

FILED  
Apr 27, 2008  
Secretary of State

Entity Name: AMIR, TTT, INC.

**Current Principal Place of Business:**

5709 SW 18TH ST  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

5709 SW 18TH ST  
GAINESVILLE, FL 32608

**New Mailing Address:**

FEI Number: 80-0028608      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SHIRAZIAN, SEYED G R  
Address: 5709 SW 18TH ST  
City-St-Zip: GAINESVILLE, FL 32608

Title: VD ( ) Delete  
Name: SADIGHI, MARZIEH  
Address: 5709 SW 18TH ST  
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete  
Name: MOZAHAB, HASSAN  
Address: 5709 SW 18TH ST  
City-St-Zip: GAINESVILLE, FL 32608

Title: SD ( ) Delete  
Name: SHIRAZIAN, EAMAN  
Address: 5709 SW 18TH ST  
City-St-Zip: GAINESVILLE, FL 32608

Title: T ( ) Delete  
Name: SHIRAZIAN, AZADEH  
Address: 5709 SW 18TH ST  
City-St-Zip: GAINESVILLE, FL 32608

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SHIRAZIAN, SEYED G  
Address: 5709 SW 18TH ST  
City-St-Zip: GAINESVILLE, FL 32608

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SEYED G SHIRAZIAN

PD

04/27/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date