

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F37792

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA MANAGEMENT AND DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

3936 NORTH TAMiami TRAIL  
SUITE E  
NAPLES, FL 34103

**New Principal Place of Business:**

3936 NORTH TAMiami TRAIL  
SUITE A  
NAPLES, FL 34103

**Current Mailing Address:**

3936 NORTH TAMiami TRAIL  
SUITE E  
NAPLES, FL 34103

**New Mailing Address:**

3936 NORTH TAMiami TRAIL  
SUITE A  
NAPLES, FL 34103

**FEI Number:** 59-2106787

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOAVENI, KHOSROW  
3936 TAMiami TRAIL N.  
SUITE E  
NAPLES, FL 34103 US

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

MOAVENI, KHOSROW  
3936 TAMiami TRAIL N.  
SUITE A  
NAPLES, FL 34103 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: KHOSROW MOAVENI

03/15/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: MOAVENI, KHOSROW  
Address: 3936 TAMiami TR N STE A  
City-St-Zip: NAPLES, FL 34103

Title: DVS  
Name: MOAVENI, ARDAVAN  
Address: 3936 TAMiami TRAIL N STE B  
City-St-Zip: NAPLES, FL 34103

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: KHOSROW MOAVENI

P

03/15/2011

Electronic Signature of Signing Officer or Director

Date