

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003109

FILED
Jun 30, 2006
Secretary of State

Entity Name: MAKTAB TARIGHE OVEYSSI SHAH MAGHSOUDI CORPORATION

Current Principal Place of Business:

2200 W. BURBANK BL.
BURBANK, CA 91506 US

New Principal Place of Business:

18011 SHERMAN WAY
RESEDA, CA 91335 US

Current Mailing Address:

PO BOX 19306
ENCINO, CA 914166306 US

New Mailing Address:

FEI Number: 94-2495240 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RAITEGAR, AFSANEH
9929 BAYVISTA ESTATE BLVD
ORLANDO, FL 32836 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SABOURI, HAMZEH
Address: 5846 - 80TH STREET
City-St-Zip: KENOSHA, WI 53142

Title: VPCT () Delete
Name: KHOROMI, EARNAZ
Address: 5141 RENAISSANCE AVE
City-St-Zip: SAN DIEGO, CA 92122

Title: ST () Delete
Name: MOTTAGHI, ALIREZA
Address: 4084 CRYSTAL DAWN LN. #105
City-St-Zip: SAN DIEGO, CA 92122

Title: ATT () Delete
Name: KHOROMI, PARVIN
Address: 3604 TERRACE DR.
City-St-Zip: ANNANDALE, VA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KHOROMI, PARVIN
Address: 3604 TERRACE DRIVE
City-St-Zip: ANNANDALE, VA 22003

Title: VPCT (X) Change () Addition
Name: KHOROMI, FARNAZ
Address: 5141 RENAISSANCE AVE
City-St-Zip: SAN DIEGO, CA 92122

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

Title: ATT (X) Change () Addition
Name: SHARIFPOUR BAVAR, MAHIN
Address: 2745 TENNYSON ST.
City-St-Zip: THOUSAND OAKS, CA 91360

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALIREZA MOTTAGHI

ST

06/30/2006

Electronic Signature of Signing Officer or Director

Date