2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2008
Secretary of State

DOCUMENT# F93000003109

Entity Name: MAKTAB TARIGHE OVEYSSI SHAH MAGHSOUDI CORPORATION

Current Principal Place of Business:

18011 SHERMAN WAY
RESEDA, CA 91335 US

New Principal Place of Business:

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 ( )**

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: KHOROMI, PARVIN
Address: 3604 TERRACE DRIVE
City-St-Zip: ANNANDALE, VA 22003

Title: VPCT ( ) Delete
Name: KHOROMI, FARNAZ
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: SHARIFPOUR BAVAR, MAHIN
Address: 2745 TENNYSON ST.
City-St-Zip: THOUSAND OAKS, CA 91360

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALIREZA MOTTAGHI DIR 01/05/2008
Electronic Signature of Signing Officer or Director Date