2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # H88300

1. Entity Name

CASPIAN OF VOLUSIA COUNTY, INC.

Principal Place of Business	Mailing Address
20 S. NOVA RD. ORMOND BEACH FL 32174	20 S. NOVA RD. SUITE C ORMOND BEACH FL 32174

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
20 S. NOVA RD.	SAME
Suite, Apt. #, etc. —	Suite, Apt #, etc. —
City & State: ORMOND BEACH, FL.	City & State: FLORIDA
Zip: 32174 Country: USA	Zip: Country:

4. FEI Number 59-2606426 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FARAZANRAD, MANDANA
346 CORNELL DR.
DAYTONA BEACH FL 32118

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 [signature], MANDANA FARZANRAD 1/26/08
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, 2008 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	D	☐ Delete
NAME	FARZANRAD, MOHAMMAD	
STREET ADDRESS	346 CORNELL DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	SD	☐ Delete
NAME	AFSHARI, MOHAMMAD REZA	
STREET ADDRESS	26 AMSDEN RD	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	S	☐ Delete
NAME	FARZANRAD, MANDANA	
STREET ADDRESS	346 CORNELL DR.	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME	U00000888934	
STREET ADDRESS	04/08/08-80050-003 150.00	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: [signature] MANDANA FARZANRAD 1/26/08 (386) 673-8317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #