2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # H88305

1. Entity Name

KAVIR, INC.

Principal Place of Business	Mailing Address
20 S. NOVA ROAD ORMOND BEACH FL 32174 US	20 S. NOVA ROAD ORMOND BEACH FL 32174 US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
20 S. NOVA ROAD	346 CORNELL Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORMOND BCH, FL.	City & State: Daytona Bch, FL.
Zip: 32174 Country: USA	Zip: 32118 Country: USA

4. FEI Number 59-2606428 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FARZANRAD LOLA M
346 CORNELL DR
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent

Name: SAME

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: X Lola M. Farzanrad 1/28/08

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing it) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FARZANRAD, MATTHEW H 346 CORNELL DR DAYTONA BEACH FL 32118	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition U00000866933 04/08/09-80050-002 150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JORISSEN, ARIANA 1661 HAMMOCK GROVE LANE JACKSONVILLE FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CARRY, MANDANA 2604 TULANE AVE APT #1 DAYTONA BEACH FL 32118	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FARZANRAD, LOLA 346 CORNELL DRIVE DAYTONA BEACH FL 32118	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Mandana Farzanrad Carry 1/28/08 (386)6738317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #