

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90047 035 \*\*\*150.00

**DOCUMENT # H95366**

1. Entity Name

**KHORSANDI ENTERPRISES, INC.**



Principal Place of Business

2638 NOBT  
KISSIMMEE FL 34741  
US

Mailing Address

PO BOX 691655  
ORLANDO FL 32869  
US

**66415815**



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-2627509**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KHORSANDI, BAHRAM B**  
**8805 BAY HILL BLVD**  
**ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

I, the above named entity, submit 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, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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

**KHORSANDI, BAHRAM B.**

STREET ADDRESS

**8805 BAY HILL BLVD**

CITY - ST - ZIP

**ORLANDO FL 32819**

TITLE

**D**

☐ Delete

NAME

**KHORSANDI, ARASH B**

STREET ADDRESS

**8805 BAY HILL BLVD**

CITY - ST - ZIP

**ORLANDO FL 32819**

TITLE

**D**

☐ Delete

NAME

**KHORSANDI, OMIDREZA B**

STREET ADDRESS

**8805 BAY HILL BLVD**

CITY - ST - ZIP

**ORLANDO FL 32819**

TITLE

**S**

☐ Delete

NAME

**KHORSANDI, AREZOO B**

STREET ADDRESS

**8805 BAY HILL BLVD**

CITY - ST - ZIP

**ORLANDO FL 32819**

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

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

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☐ Addition

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CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Bahram B. Khorsandi*

*4/21/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #