

2008 FOR PROFIT CORPORATION ANNUAL REPORT

RECEIVED
Feb 07, 2008 08:00 AM
Secretary of State
FEB 5 2008

DOCUMENT # K03481	
1. Entity Name KESHAVERZ & ASSOCIATES, INC.	



Principal Place of Business 711 NORTH DIXIE HWY SUITE 201 WEST PALM BEACH, FL 33401 US	Mailing Address 711 NORTH DIXIE HWY SUITE 201 WEST PALM BEACH, FL 33401 US
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Per _____



01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0012481	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FULGENZI, DEBORAH L ADM
711 NORTH DIXIE HIGHWAY
STE 201
WEST PALM BEACH, FL 33401**

DO NOT WRITE IN THIS SPACE

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: _____ (NOTE: Registered Agent signature required when reinstating)

DATE: **1/31/08**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KESHAVERZ, MAZIAR 66 ST JAMES DRIVE PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KESHAVERZ, LUCY MEREDITH 66 ST JAMES DRIVE PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRYSON, SCOTT F 3974 SW COLLINGS DRIVE PORT ST. LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000819777
02/18/08-80001-023 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/30/2008** Daytime Phone #: **561-6898600**