## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2008 8:00 am— Secretary of State

DOCUMENT # L06113  1. Entity Name CYRUS RUG GALLERY, INC.								05-01-2008	90214	023 ***15	50.00
Principal Place of Business				Mailing Address			1				
20 S E BROADWAY OCALA, FL 34471				O S E BROADWAY Cala, Fl 34471							
2. Principal Place of Business - No P.O. Box #				Mailing Address							
Suite, Apt. #, etc.			\$	Suite, Apt. #, etc.	•	04282008	Chg-P	CR2E	34 (12/06)		
City & State			(	City & State		4. FEI Number Applied For 59-2982551 Not Applicable					
Zip	p Country		Ž	Zip Coun		ntry	5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
ASSARY, BAHRAM						Name					
20 S.E. BROADWAY  OCALA, FL 34471						Street Address (P.O. Box Number is Not Acceptable)					
· ·					City				Zip Code	a	
<b>*</b> ***********************************						'   FL   '					
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, 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  9. Election Campaign Financia Trust Fund Contribution.							5.00 May Be ded to Fees				
10.		OFFICERS A	ND DIREC	TORS		ADDITIONS	CHANGES TO OFF	CERS AND	DIRECTORS	S IN 11	
TITLE , NAME STREET ADDRESS	ASSARY, BAHRAM ESS 20 S.E. BROADWAY			☐ Delete	E ME EET ADDRESS			,	☐ Change	☐ Addition	
CITY-ST-ZIP	ITY-ST-ZIP OCALA, FL 34471				r-ST-ZIP						
TITLE NAME	VP ASSARY, MARYAM			N		E AE		- · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	SS 20 SE BROADWAY OCALA, FL 34471				EET ADDRESS r-ST-ZIP						
TITLE NAME STREET ADDRESS				s		IE EET ADORESS				☐ Change	Addition
CITY-ST-ZIP	OCALA, FL 34471			CITY	r-ST-ZIP		-				
NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1				Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP				☐ Delete	•	<b>I</b>	,			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			···			Change	Addition
indicated of the cor	t on this report reporation or t	he information supplied out or supplemental report the receiver or trustee estachment with an address	ort is true a mpowered	and accurate and that If to execute this report	my signa t as requ	itura shall have the	a same legal ette	et as if made under d	oath: that L	am an otticer	or director