
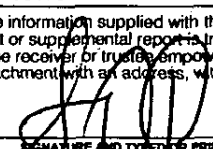


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000000280																																																		
1. Entity Name THE IRANIAN FESTIVAL OF SOUTH FLORIDA, INC.																																																		
Principal Place of Business 9400 S DADELAND BLVD 600 CORAL GABLES, FL 33156	Mailing Address 9400 S DADELAND BLVD 600 CORAL GABLES, FL 33156																																																	
DO NOT WRITE IN THIS SPACE																																																		
6. Name and Address of Current Registered Agent MELVIN C. MORGENSTERN, P.A. 9400 S DADELAND BLVD SUITE 600 CORAL GABLES, FL 33156		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____																																																		
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000937557 05/27/08-80053-025 61.25																																																
10. OFFICERS AND DIRECTORS																																																		
<table border="1"><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>EFTEKHARI, NASSER</td></tr><tr><td>STREET ADDRESS</td><td>6301 SW 112TH ST</td></tr><tr><td>CITY-ST-ZIP</td><td>PINCREST VILLAGE, FL 33156</td></tr><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>MALEK, ALI R</td></tr><tr><td>STREET ADDRESS</td><td>12861 SW 10 ST</td></tr><tr><td>CITY-ST-ZIP</td><td>PLANTATION, FL 33322</td></tr><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>KHOSRAVI, SHAHRAZAD S</td></tr><tr><td>STREET ADDRESS</td><td>299 ALBAMBRA CIR STE 404</td></tr><tr><td>CITY-ST-ZIP</td><td>CORAL GABLES, FL 33134</td></tr><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>FATEMIAN, SAEED</td></tr><tr><td>STREET ADDRESS</td><td>7955 NW 12 ST STE 314</td></tr><tr><td>CITY-ST-ZIP</td><td>CORAL GABLES, FL 33146</td></tr><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>REZAIE, JILA</td></tr><tr><td>STREET ADDRESS</td><td>7510 SW 98 CT</td></tr><tr><td>CITY-ST-ZIP</td><td>MIAMI, FL 33173</td></tr><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>TAVAKOLY, AHMAD</td></tr><tr><td>STREET ADDRESS</td><td>8723 SW 129 ST</td></tr><tr><td>CITY-ST-ZIP</td><td>MIAMI, FL 33176</td></tr></table>			TITLE	D	NAME	EFTEKHARI, NASSER	STREET ADDRESS	6301 SW 112TH ST	CITY-ST-ZIP	PINCREST VILLAGE, FL 33156	TITLE	D	NAME	MALEK, ALI R	STREET ADDRESS	12861 SW 10 ST	CITY-ST-ZIP	PLANTATION, FL 33322	TITLE	D	NAME	KHOSRAVI, SHAHRAZAD S	STREET ADDRESS	299 ALBAMBRA CIR STE 404	CITY-ST-ZIP	CORAL GABLES, FL 33134	TITLE	D	NAME	FATEMIAN, SAEED	STREET ADDRESS	7955 NW 12 ST STE 314	CITY-ST-ZIP	CORAL GABLES, FL 33146	TITLE	D	NAME	REZAIE, JILA	STREET ADDRESS	7510 SW 98 CT	CITY-ST-ZIP	MIAMI, FL 33173	TITLE	D	NAME	TAVAKOLY, AHMAD	STREET ADDRESS	8723 SW 129 ST	CITY-ST-ZIP	MIAMI, FL 33176
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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 617, 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:  APR 28/08 (305) 461-0667 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																		