


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90039 007 ****61.25

DOCUMENT # N04865 1. Entity Name IRANIAN ASSOCIATION OF CENTRAL FLORIDA, INC.					
Principal Place of Business 12515 WOOD LEA RD TAVARES, FL 32778			Mailing Address 12515 WOOD LEA RD TAVARES, FL 32778		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2462018	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MAZUJI, MOHAMED K 12515 WOOD LEA DR TAVARES, FL 32778				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State 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 <i>M.K. Mazuzi</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		MOHAMAD MAZUJI <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE 1-22-07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOGHARI, KARIM		NAME		
STREET ADDRESS	106 ALEXANDRIA WOODS DR		STREET ADDRESS		
CITY - ST - ZIP	DEBARY, FL 32713		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMZEHL, MOHAMAD R		NAME		
STREET ADDRESS	885 VICTORIA TERR		STREET ADDRESS		
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32701		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOHAMMAD, MAZUJI		NAME		
STREET ADDRESS	12515 WOODLEA RD		STREET ADDRESS		
CITY - ST - ZIP	TAVARES, FL 32778		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOSSEIN, MAKHY		NAME	HOSSEIN MAKHZAN	
STREET ADDRESS	116 SPRING HURST CT		STREET ADDRESS	Lake Mary 32748	
CITY - ST - ZIP	LAKE MARY, FL 32744		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JAVAHERI, ALI		NAME		
STREET ADDRESS	522 WILLINGHAM PL		STREET ADDRESS		
CITY - ST - ZIP	LAKE MARY, FL 32746		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEHBOOD, BEHNAM		NAME	BEHBOOD BEHNAM	
STREET ADDRESS	694 VENTURA CT		STREET ADDRESS		
CITY - ST - ZIP	WINTER SPRINGS, FL 32708		CITY - ST - ZIP		
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: <i>M.K. Mazuzi</i>		MOHAMAD MAZUJI		DATE 01-22-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 352-343-688	