

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-03-2006 90806 001 *****61.25
04-03-2006 90806 002 *****8.75
N03000011642

FILED

06 APR 25 AM 10: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000011642

1. Entity Name
IRANIAN SOUTH AMERICAN LANGUAGE AND
BOARDING SCHOOL, INC



Principal Place of Business
10420 LEHMAN ROAD
ORLANDO, FL 32825

Mailing Address
10420 LEHMAN ROAD
ORLANDO, FL 32825

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

Zip
Country



03292006 Chg-NP - CR2E037 (11/05) 06

4. FEI Number
41-2203918

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
GHIASSI, SAHAMEDDIN A SR.
1022 SILCOX BRANCH CIRCLE
OVIEDO, FL 32765

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
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 _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renewing) DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 NAME STREET ADDRESS CITY-ST-ZIP	P GHIASSI, SAHAMEDDIN A SR. 1022 SILCOX BRANCH CIRCLE OVIEDO, FL, FL 32765 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Sahameddin Amir Ghiasi 3/28/06 40728197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

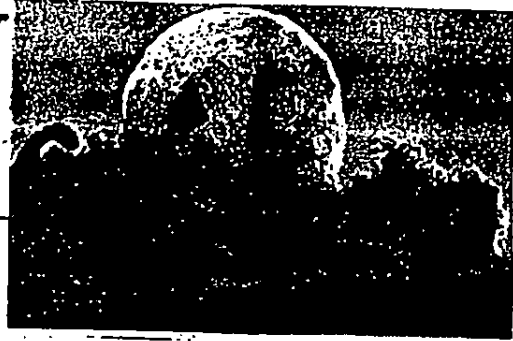
4072826180

ATTACHMENT

University Teacher
1022 Silcox Branch Cr.
Oviedo, FL 32765

407 977-7974 #N0500011642

e-mail: aghiassi_fhc@hotmail.com



Amir S. Ghiassi

Dear Madam, Sir

Orlando, 3/28/06

My school is new, and I have now negative income. I am helping the students to stay on their feet. Some times; they cannot pay their rent or their costs and I pay their costs from my credit cards. My activities is for humanity and I wish to have a safe place for girls and boys or their parents. I have church in my school with free meal and Bible study. Those activities are free for the students. I have been persecuted in my country for Christianity & Bahaism religions, so I am trying to help students and guide them for the unity of mankind. May be we can have a better world for us and for our children.

Ghiassi