

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 28, 2009
Secretary of State

DOCUMENT# N94000005884

Entity Name: THE ZOROASTRIAN ASSOCIATION OF FLORIDA INC.**Current Principal Place of Business:**21050 POINT PLACE
1205
AVENTURA, FL 33180 US**New Principal Place of Business:****Current Mailing Address:**21050 POINT PLACE
1205
AVENTURA, FL 33180 US**New Mailing Address:****FEI Number:** 65-0786849 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**AVESTA INC
427 GOLDEN ISLES DR
15F
HALLANDALE, FL 33009 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: DARUWALLA, JAHANBUX B
Address: 21050 POINT PLACE # 1205
City-St-Zip: AVENTURA, FL 33180 US**Title:** VP () Delete
Name: SHROFF, BURJIS
Address: 11761 ISLAND LAKES LANE
City-St-Zip: BOCA RATON, FL 33498 US**Title:** S () Delete
Name: MUNSHI, KERSI F
Address: 9830 BAY LEAF COURT
City-St-Zip: PARKLAND, FL 33076 US**Title:** T () Delete
Name: MINOCHER, ZERSIS M
Address: 427 GOLDEN ISLES DR # 15F
City-St-Zip: HALLANDALE BEACH, FL 33009 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAHANBUX B. DARUWALA

P

06/28/2009

Electronic Signature of Signing Officer or Director

Date