

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000005884

**FILED**  
**Jan 16, 2010**  
**Secretary of State**

**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  
**Name:** DARUWALLA, JAHANBUX B  
**Address:** 21050 POINT PLACE # 1205  
**City-St-Zip:** AVENTURA, FL 33180 US

**Title:** VP  
**Name:** SHROFF, BURJIS  
**Address:** 11761 ISLAND LAKES LANE  
**City-St-Zip:** BOCA RATON, FL 33498 US

**Title:** S  
**Name:** MUNSHI, KERSI F  
**Address:** 9830 BAY LEAF COURT  
**City-St-Zip:** PARKLAND, FL 33076 US

**Title:** T  
**Name:** MINOCHER, ZERSIS M  
**Address:** 427 GOLDEN ISLES DR # 15F  
**City-St-Zip:** HALLANDALE BEACH, FL 33009 US

I hereby 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 all other like empowered.

**SIGNATURE:** JAHANBUX DARUWALLA

P

01/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date