2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005
Secretary of State

DOCUMENT# N96000004439

Entity Name: IRANIAN PROFESSIONALS ASSOCIATION OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

P.O. BOX 52-3313
MIAMI, FL 331523313 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 52-3313
MIAMI, FL 331523313

New Mailing Address:

FEI Number: 65-0806047 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MARDPOUR, LADAN
3827 POND APPLE DR.
WESTON, FL 33332 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: PD ( ) Delete
Name: ZOLFAGHARI, GHASEM
Address: 10910 SW 140 AVE
City-St-Zip: MIAMI, FL 33186

Title: VPD ( ) Delete
Name: TAVAKOLY, AHMAD
Address: 8723 SW 129 ST
City-St-Zip: MIAMI, FL 33176 US

Title: TD ( ) Delete
Name: DEHBOZORGE, REZA
Address: PO BOX 52-3313
City-St-Zip: MIAMI, FL 33152 US

Title: VP ( ) Delete
Name: DJAHANSHANI, REZA
Address: 1207 GENERAL POINTE
City-St-Zip: PALM BEACH, FL 33418 US

Title: STD ( ) Delete
Name: MARDPOUR, LADAN
Address: 19321 NW 10 ST
City-St-Zip: PEMBROKE PINES, FL 33029 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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: REZA DEHBOZORGE TD 05/05/2005

Electronic Signature of Signing Officer or Director — Date