

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004439

FILED
Apr 22, 2009
Secretary of State

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

Current Principal Place of Business:

19330 NE 18 PL
MIAMI, FL 33179 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 562132
MIAMI, FL 33256 US

New Mailing Address:

FEI Number: 65-0806047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARIBA, HAGHAYEGH
19330 N.E. 18 PL
MIAMI, FL 33179 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: MESBAHI, MOHIADDIN
Address: 10332 SW 143 PL
City-St-Zip: MIAMI, FL 33176 US

Title: TD () Delete
Name: DEHBOZORGI, REZA
Address: 7601 SW 138 STREET
City-St-Zip: PALMETTO BAY, FL 33158 US

Title: VP () Delete
Name: JAVID, SAFIEH
Address: 4022 S. CYPRESS DR.
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: SCR () Delete
Name: HAGHAYEGH, FARIBA
Address: 19330 NE 18 PL
City-St-Zip: MIAMI, FL 33179 US

Title: VPD () Delete
Name: BELADI, EBRAHIM
Address: 4022 S. CYPRESS DR.
City-St-Zip: POMPANO BEACH, FL 33069 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
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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: REZA DEHBOZORGI

TRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date