

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90355 003 \*\*\*\*61.25

**DOCUMENT # N97000002996**

1. Entity Name  
**DIASTI FAMILY FOUNDATION, INC.**



Principal Place of Business  
**2502 ROCKY POINT DRIVE  
STE 1000  
TAMPA, FL 33607 US**

Mailing Address  
**2502 ROCKY POINT DRIVE  
STE 1000  
TAMPA, FL 33607 US**

**20049498**



**DO NOT WRITE IN THIS SPACE**

04222005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3480826**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HENDEE, BRETT  
1700 SOUTH MACDILL AVENUE  
SUITE 200  
TAMPA, FL 33629**

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME DIASTI, TEREK  
STREET ADDRESS 2502 ROCKY POINT DRIVE, SUITE 1000  
CITY-ST-ZIP TAMPA, FL 33607

TITLE D  
NAME DIASTI, ADAM  
STREET ADDRESS 2502 ROCKY POINT DRIVE, SUITE 1000  
CITY-ST-ZIP TAMPA, FL 33607

TITLE D  
NAME DIASTI, TIM  
STREET ADDRESS 2502 ROCKY POINT DRIVE, SUITE 1000  
CITY-ST-ZIP TAMPA, FL 33607

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Terek Diasti, Pres*

*4/22/05*

*813  
288-1999*