

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004117

FILED
Apr 13, 2008
Secretary of State

Entity Name: MANDANA INTERNATIONAL YOUTH FOUNDATION, INC.

Current Principal Place of Business:

401 E. LAS OLAS BLVD.
SUITE 1400, 14TH FLOOR
FT. LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

401 E. LAS OLAS BLVD.
SUITE 1400, 14TH FLOOR
FT. LAUDERDALE, FL 33301 US

New Mailing Address:

FEI Number: 52-2120233 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHARIFI, MANDANA D
401 E LAS OLAS BLVD
SUITE 1400
FORT LAUDERDALE, FL 33301 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: D () Delete
Name: SHARIFI, MANDANA
Address: 401 ELAS OLAS BLVD. SUITE 1400
City-St-Zip: FT. LAUDERDALE, FL 33301 US

Title: D () Delete
Name: FIZER, ED
Address: ROUTE 1 BOX 254
City-St-Zip: PARK FOREST, IL 60466 US

Title: D () Delete
Name: PERINCHIEF, PHIL
Address: 42 CASHEW CITY ROAD
City-St-Zip: ST. DAVIDS, BERMUDA, BD BERMUDA OC

Title: D () Delete
Name: LEE, HOWARD
Address: 9 CLOVERDALE RD
City-St-Zip: DEVONSHIRE, BD BERMUDA OC

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: SHARIFI, MARY
Address: 21 ARLINGTON HOUSE, BATH STREET
City-St-Zip: BATH, UK BA1 1QN UK

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: MANDANA SHARIFI

D

04/13/2008

Electronic Signature of Signing Officer or Director

Date