


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90056 046 \*\*\*150.00

**DOCUMENT # P0000086223**  
 1. Entity Name  
 BEHJAT KOUCHEKZADEH, P.A.



Principal Place of Business      Mailing Address  
 17720 OAKBRIDGE ST      16528 N DALE MABRY HWY  
 TAMPA, FL 33647      TAMPA, FL 33618

**40096805**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01162007      Chg-P      CR2E034 (12/06)

**6. Name and Address of Current Registered Agent**  
 SANDERS, WALTER  
 16528 N DALE MABRY HWY  
 TAMPA, FL 33618

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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: *Walter Sanders*      *Walter Sanders*      *4/25/07*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when missing.) (DATE)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOUCEKZADEH, BEHJAT P.A. 17720 OAKBRIDGE ST TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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: *Behjat Kouchekezadeh*      *Behjat Kouchekezadeh*      *4/25/07*      *813-994-0094*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #