

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000094567

1. Entity Name
CAPITAL CIRCLE PLAZA INC.



Principal Place of Business
2811-E INDUSTRIAL PLAZA DR.
TALLAHASSEE, FL 32301

Mailing Address
2811-E INDUSTRIAL PLAZA DR.
TALLAHASSEE, FL 32301

**FILED
Mar 19, 2005 08:00 AM
Secretary of State**



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0591694	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GHAZVINI, MEHRDAD
2811-E INDUSTRIAL PLAZA DR.
TALLAHASSEE, FL 32301

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME GHAZVINI, HOSSEIN
STREET ADDRESS 4515 HIGH RD.
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE DST
NAME GHAZVINI, MEHRDAD
STREET ADDRESS 6000 BOYNTON HOMESTEAD
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE D
NAME GHAZVINI, BEHZAD
STREET ADDRESS 7516 PRESERVATION RD.
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE D
NAME GHAZVINI, MEHRAN
STREET ADDRESS 2910 ROYAL PALM WAY
CITY-ST-ZIP TALLAHASSEE, FL

TITLE D
NAME ASBURY, THOMAS BANKS
STREET ADDRESS 3424 DORCHESTER CT.
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000270299
03/21/05-80001-020 150.00

**DO NOT WRITE
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 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #