

2007 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

07 APR 25 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WBC



03292007 Chg-P CR2E034 (12/06)

4. FEI Number
03-0388642

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANAUSA, DANIEL E
3520 THOMASVILLE RD., 4TH FL
TALLAHASSEE, FL 32308

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

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GHAVINI, MEHRDAD	
STREET ADDRESS	2811-E INDUSTRIAL PLAZA DR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	ASBURY, THOMAS	
STREET ADDRESS	2811-E INDUSTRIAL PLAZA DR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, TERRY C	
STREET ADDRESS	PO BOX 13671	
CITY-ST-ZIP	TALLAHASSEE, FL 32317	
TITLE	D	<input type="checkbox"/> Delete
NAME	GHAVINI, HOSSEIN	
STREET ADDRESS	2811 E INDUSTRIAL PL DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	GHAVINI, MEHRAN	
STREET ADDRESS	2811 E INDUSTRIAL PL DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	GHAVINI, BEHZAD	
STREET ADDRESS	2811 E INDUSTRIAL PL DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100101256631	
STREET ADDRESS	05/03/07--01005--020	
CITY-ST-ZIP	**150.00	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GHAVINI, HOSSEIN (correct spelling)	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GHAVINI, MEHRAN (correct spelling)	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GHAVINI, BEHZAD (correct spelling)	
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-07

514-1008