

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000079348

Entity Name: GABRIELA MOSTAFAVI, P.A.

FILED  
Jan 06, 2005  
Secretary of State

**Current Principal Place of Business:**

66 HARBOUR DR. NORTH  
OCEAN RIDGE, FL 33435

**New Principal Place of Business:**

30 AUDUBON CAUSEWAY  
MANALAPAN, FL 33462

**Current Mailing Address:**

66 HARBOUR DR. NORTH  
OCEAN RIDGE, FL 33435

**New Mailing Address:**

30 AUDUBON CAUSEWAY  
MANALAPAN, FL 33462

FEI Number: 71-0895935

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MOSTAFAVI, GABRIELA A ESQ  
66 HARBOUR DR. NORTH  
BOYNTON BEACH, FL 33435 US

**Name and Address of New Registered Agent:**

MOSTAFAVI, GABRIELA A ESQ  
30 AUDUBON CAUSEWAY  
MANALAPAN, FL 33462 US

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

01/06/2005

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MOSTAFAVI, GABRIELA A  
Address: 66 HARBOUR DR. NORTH  
City-St-Zip: BOYNTON BEACH, FL 33435

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: MOSTAFAVI, GABRIELA A  
Address: 30 AUDUBON CAUSEWAY  
City-St-Zip: MANALAPAN, FL 33462

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GABRIELA A. MOSTAFAVI

D

01/06/2005

Electronic Signature of Signing Officer or Director

Date