


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90016 011 ***150.00

DOCUMENT # P02000096882	
1. Entity Name ASHKAN NAJAFI, P.A.	

Principal Place of Business 2615 SCOTT MILL DRIVE SOUTH JACKSONVILLE FL 32223	Mailing Address 2615 SCOTT MILL DRIVE SOUTH JACKSONVILLE FL 32223
---	---

2. Principal Place of Business 13400 Sutton Park Dr, S. Suite, Apt. #, etc. 1001	3. Mailing Address 113 Lamplighter Lane Suite, Apt. #, etc. ---
City & State Jacksonville, FL Zip 32224 Country USA	City & State Ponte Vedra Beach, FL Zip 32082 Country USA



MOORE CR2E034 (11/03)

4. FEI Number 13-4210640		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent NAJAFI, ASHKAN 2615 SCOTT MILL DRIVE SOUTH JACKSONVILLE FL 32223		
7. Name and Address of New Registered Agent Name Najafi, Ashkan Street Address (P.O. Box Number is Not Acceptable) 113 Lamplighter Lane City Ponte Vedra Beach FL Zip Code 32082		

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 *Ashkan Najafi* **ASHKAN NAJAFI** 2/4/04
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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P NAJAFI, ASHKAN 2615 SCOTT MILL DRIVE SOUTH JACKSONVILLE FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Najafi, Ashkan 113 Lamplighter Lane Ponte Vedra Beach, FL 32082 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ashkan Najafi* **ASHKAN NAJAFI** 2/4/04 904-551-6110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #