
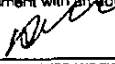


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-07-2006 90029 007 ***150.00

DOCUMENT # P03000011381					
1. Entity Name NORTH FLORIDA GROVE, INC.					
Principal Place of Business 2811 E INDUSTRIAL PLAZA TALLAHASSEE, FL 32301			Mailing Address 2811 E INDUSTRIAL PLAZA TALLAHASSEE, FL 32301		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 43-2881554 43-2001551	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 32309			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GHAZVINI, HOSSEIN		NAME		
STREET ADDRESS	2811-E INDUSTRIAL PLAZA DR		STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE, FL 32301		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	GHAZVINI, HOSSEIN		NAME	on here twice	
STREET ADDRESS	2811-E INDUSTRIAL PLAZA DR		STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE, FL 32301		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GHAZVINI, MEHRON		NAME	Ghazvini, Mehvan	
STREET ADDRESS	2811-E INDUSTRIAL PLAZA DR		STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE, FL 32301		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Director Behzad Ghazvini	
STREET ADDRESS			STREET ADDRESS	2811 E Industrial Plaza Drive	
CITY - ST - ZIP			CITY - ST - ZIP	Tallahassee, FL 32301	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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 807, 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: 		Hossein Ghazvini		4/1/06 514-1000	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

66010984



04042006 Chg-P CR2E034 (11/05)

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90123 043 ***150.00

ATTACHMENT

66010982



DOCUMENT # P03000011381					
1. Entity Name NORTH FLORIDA GROVE, INC.					
Principal Place of Business 2811 E INDUSTRIAL PLAZA TALLAHASSEE, FL 32301		Mailing Address 2811 E INDUSTRIAL PLAZA TALLAHASSEE, FL 32301			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 43-2001554	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 32309			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 _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	D	<input type="checkbox"/> Delete	TITLE	Ghazvini, Hossein	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GHAVINI, HOSSEIN		NAME		
STREET ADDRESS	2811-E INDUSTRIAL PLAZA DR		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Ghazvini, Behzad	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GHAVINI, BEHZAD		NAME		
STREET ADDRESS	2811-E INDUSTRIAL PLAZA DR		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Ghazvini, Mehron	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GHAVINI, MEHRAN		NAME		
STREET ADDRESS	2811-E INDUSTRIAL PLAZA DR		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____ DATE _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					