


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

07 APR 25 AM 10:10


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*RSE*

<b>DOCUMENT # P03000011381</b> 1. Entity Name NORTH FLORIDA GROVE, INC.	
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Principal Place of Business 2811 E INDUSTRIAL PLAZA TALLAHASSEE, FL 32301	Mailing Address 2811 E INDUSTRIAL PLAZA TALLAHASSEE, FL 32301
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country
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03292007	Chg-P	CR2E034 (12/06)
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4. FEI Number <b>43-2001551</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired        **\$8.75** Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  MANAUSA, DANIEL E 3520 THOMASVILLE RD 4TH FL TALLAHASSEE, FL 32309	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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: *RSE*      DATE: \_\_\_\_\_

(NOTE: Registered Agent signature required when re-issuing)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D      GHAVZINI, HOSSEIN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2811-E INDUSTRIAL PLAZA DR	NAME	
STREET ADDRESS	TALLAHASSEE, FL 32301	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D      GHAZUINI, MEHRAN <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GHAZUINI, MEHRAN	NAME	<i>Ghazvini, Mehran</i>
STREET ADDRESS	2811-E INDUSTRIAL PLAZA DR	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP	
TITLE	D      GHAZUINI, BEHZAD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GHAZUINI, BEHZAD	NAME	<i>Ghazvini, Behzad</i>
STREET ADDRESS	2811 E INDUSTRIAL PL 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	

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05/03/07--01005--021    \*\*150.00

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]*      Date: 4/24/07      Daytime Phone #: 514-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR