

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90105 009 \*\*\*158.75

DOCUMENT # P03000026982

1. Entity Name  
ZANGENEH AERONAUTICS CONSULTING, INC.



Principal Place of Business

~~801 SOUTHEAST 7TH COURT~~  
~~DEERFIELD BEACH, FL 33441 US~~

Mailing Address

~~801 SOUTHEAST 7TH COURT~~  
~~DEERFIELD BEACH, FL 33441 US~~

**1470 NORTHEAST 4TH AVENUE**  
**BOCA RATON, FLORIDA 33432**

Address

City, #, etc.



01222006 Chg-P CR2E034 (11/05)

City & State	<b>1470 NORTHEAST 4TH AVENUE</b> <b>BOCA RATON, FLORIDA 33432</b>	Number	<b>1585822</b>	Applied For	
Zip		Country		Not Applicable	
Certificate of Status Desired				<b>\$8.75 Additional Fee Required</b>	

8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GAYNES, DAVID M <del>8736 MISTY OAKS CIRCLE</del> <del>ROYAL PALM BEACH, FL 33411</del>		Name: <b>DAVID M. GAYNES, ESQUIRE</b> Street: <b>4327 SOUTH HIGHWAY #27</b> <b>SUITE NUMBER 404</b> City: <b>CLERMONT, FLORIDA 34711</b>	

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: *David M. Gaynes* (NOTE: Registered Agent signature required when reinstating) DATE: 1/23/06

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PRES NAME: ZANGENEH, MOSHEN STREET ADDRESS: <del>801 SOUTHEAST 7TH COURT</del> CITY-ST-ZIP: <del>DEERFIELD BEACH, FL 33441</del>	<input type="checkbox"/> Delete	TITLE: <b>1470 NORTHEAST 4TH AVENUE</b> NAME: <b>BOCA RATON, FLORIDA 33432</b> STREET ADDRESS: <b>BOCA RATON, FLORIDA 33432</b> CITY-ST-ZIP: <b>BOCA RATON, FLORIDA 33432</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TREA NAME: ZANGENEH, SIAVASH STREET ADDRESS: <del>801 SOUTHEAST 7TH COURT</del> CITY-ST-ZIP: <del>DEERFIELD BEACH, FL 33441</del>	<input type="checkbox"/> Delete	TITLE: <b>1470 NORTHEAST 4TH AVENUE</b> NAME: <b>BOCA RATON, FLORIDA 33432</b> STREET ADDRESS: <b>BOCA RATON, FLORIDA 33432</b> CITY-ST-ZIP: <b>BOCA RATON, FLORIDA 33432</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SEC NAME: ZANGENEH, ALI REZA STREET ADDRESS: <del>801 SOUTHEAST 7TH COURT</del> CITY-ST-ZIP: <del>DEERFIELD BEACH, FL 33441</del>	<input type="checkbox"/> Delete	TITLE: <b>1470 NORTHEAST 4TH AVENUE</b> NAME: <b>BOCA RATON, FLORIDA 33432</b> STREET ADDRESS: <b>BOCA RATON, FLORIDA 33432</b> CITY-ST-ZIP: <b>BOCA RATON, FLORIDA 33432</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DIR NAME: ZANGENEH, MOSHEN STREET ADDRESS: <del>801 SOUTHEAST 7TH COURT</del> CITY-ST-ZIP: <del>DEERFIELD BEACH, FL 33441</del>	<input type="checkbox"/> Delete	TITLE: <b>1470 NORTHEAST 4TH AVENUE</b> NAME: <b>BOCA RATON, FLORIDA 33432</b> STREET ADDRESS: <b>BOCA RATON, FLORIDA 33432</b> CITY-ST-ZIP: <b>BOCA RATON, FLORIDA 33432</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DIR NAME: SHAH, TAHIR STREET ADDRESS: <del>801 SOUTHEAST 7TH COURT</del> CITY-ST-ZIP: <del>DEERFIELD BEACH, FL 33441</del>	<input type="checkbox"/> Delete	TITLE: <b>1470 NORTHEAST 4TH AVENUE</b> NAME: <b>BOCA RATON, FLORIDA 33432</b> STREET ADDRESS: <b>BOCA RATON, FLORIDA 33432</b> CITY-ST-ZIP: <b>BOCA RATON, FLORIDA 33432</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DIR NAME: BAKHTIARI, SHAH STREET ADDRESS: <del>801 SOUTHEAST 7TH COURT</del> CITY-ST-ZIP: <del>DEERFIELD BEACH, FL 33441</del>	<input type="checkbox"/> Delete	TITLE: <b>1470 NORTHEAST 4TH AVENUE</b> NAME: <b>BOCA RATON, FLORIDA 33432</b> STREET ADDRESS: <b>BOCA RATON, FLORIDA 33432</b> CITY-ST-ZIP: <b>BOCA RATON, FLORIDA 33432</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: Feb/22/06 Daytime Phone #