
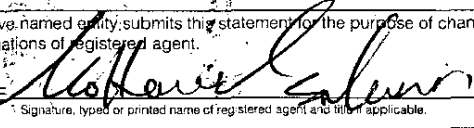
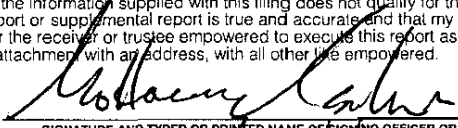


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90211 018 ***150.00

| | | | |
|---|---|---|---|
| DOCUMENT # P03000048780 | |  | |
| 1. Entity Name MOHAMMAD H. SALEHIAN, P.A. | | | |
| Principal Place of Business 13001 MULBERRY DRIVE #114 ORLANDO, FL 32821 | | Mailing Address 717 EAST OAK STREET KISSIMMEE, FL 34744 | |
| 2. Principal Place of Business 8301 Elmpark Drive Suite, Apt. #, etc. #6111 | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State Orlando, FL | | City & State | |
| Zip 32821 | Country US | Zip | Country |
| 6. Name and Address of Current Registered Agent SWART, HARRY J CPA 717 E. OAK STREET KISSIMMEE, FL 34744 | | 7. Name and Address of New Registered Agent Name Salehian, Mohammad Street Address (P.O. Box Number is Not Acceptable) 8301 Elmpark Drive #6111 City Orlando FL Zip Code 32821 | |
| 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:  Mohammad Salehian DATE: 04,20,2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete SALEHIAN, MOHAMMAD H 13001 MULBERRY DRIVE #114 ORLANDO, FL 32821 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST;D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8301 Elmpark Drive #6111 Orlando, FL 32821 |
| 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 life empowered. | | | |
| SIGNATURE:  MOHAMMAD SALEHIAN | | DATE: 04,20,2004 Daytime Phone #: 407-435-4481 | |