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2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000055324

1. Entity Name
ALLIANCE NETWORK REALTY, INC.



FILED
07 MAY 14 PM 2:26
STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**6550 KINGS COTE AVE
112
ORLANDO, FL 32835**

Mailing Address
**6550 KINGS COTE AVE
112
ORLANDO, FL 32835**



2. Principal Place of Business - No P.O. Box #
604 Cortland Street

3. Mailing Address
604 Courtland Street

Suite, Apt. #, etc.
Suite 100B

Suite, Apt. #, etc.
Suite 100B

City & State
Orlando, Florida

City & State
Orlando, Florida

Zip
32804

Country
U.S.

Zip
32804

Country
U.S.

04242007 Chg-P CR2E034 (12/06)

4. FEI Number
35-2206704

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NASEHI, MEHRDAD
6550 KINGS COTE AVE
112
ORLANDO, FL 32835**

7. Name and Address of New Registered Agent

Name
NASEHI, MEHRDAD

Street Address (P.O. Box Number is Not Acceptable)
604 CORTLAND STREET

SUITE 100B

City
ORLANDO

FL Zip Code
32804

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 *Mehrdad T. Nasehi* DATE *April 30, 07*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	PRES NASEHI, MEHRDAD T PRESIDE 6550 KINGS COTE AVE SUITE 112 ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES NASEHI, MEHRDAD T. 3313 ATMORE TERRACE OCOE, FL 34761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP NASEHI, LEE A VICE PR 6550 KINGS COTE AVE SUITE 112 ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP NASEHI, LEE A. 3313 ATMORE TERRACE OCOE, FL 34761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>5/22</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300103589093 05/31/07--01007--006 **350.00 <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 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: *Mehrdad T. Nasehi* DATE: *April 30, 07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #