

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000093654

FILED
May 02, 2005
Secretary of State

Entity Name: NAPLES BAY COLLECTION INVESTOR I, INC.

Current Principal Place of Business:

C/O 2606 S HORSESHOE DR
NAPLES, FL 34104 OC

New Principal Place of Business:

Current Mailing Address:

C/O 2606 S HORSESHOE DR
NAPLES, FL 34104 OC

New Mailing Address:

FEI Number: 20-0432476 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ZAND, IRAJ
Address: 65 WALTON STREET
City-St-Zip: LOND SW3 2HT UNITED KINGDOM, OC

Title: MBR () Delete
Name: PEZHSHKAN, F FRED
Address: 2606 S HORSESHOE DR
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ZAND, IRAJ
Address: 2606 HORSESHOE DR S
City-St-Zip: NAPLES, FL 34104

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRAJ ZAND

D

05/02/2005

Electronic Signature of Signing Officer or Director

_____ Date