

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000147897  
 1. Entity Name  
 NUR PROPERTIES, INC.



Principal Place of Business  
 2098 DIAMOND COURT  
 OLDSMAR, FL 34677 US

Mailing Address  
 2098 DIAMOND COURT  
 OLDSMAR, FL 34677 US

**DO NOT WRITE IN THIS SPACE**



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 20-0467980 Applied For  
 Not Applicable

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

5. Name and Address of Current Registered Agent

SABERIN, MEHRDAD  
 2098 DIAMOND COURT  
 OLDSMAR, FL 34677

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SABERIN, MEHRDAD 2098 DIAMOND COURT OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SABERIN, LILIANE H 2098 DIAMOND COURT OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000268773  
 03/18/05-80058-003 158.75

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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 like empowered.

SIGNATURE: MEHRDAD SABERIN MEHRDAD SABERIN 03/16/05 727-943-5253  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #