

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90029 028 \*\*\*150.00

DOCUMENT # P04000117495

1. Entity Name  
VETERANS IGUANA, INC.



Principal Place of Business  
9202 ANDERSON ROAD  
TAMPA, FL 33634

Mailing Address  
POST OFFICE BOX 76849  
TAMPA, FL 33675

40040297



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

3. Mailing Address

P.O. Box 13109

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02222008

Chg-P

CR2E034 (12/06)

City & State

City & State

TAMPA, FL

4. FEI Number

20-1932183

Applied For

Not Applicable

Zip

Country

Zip

33681

Country

Hillsborough

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE LA GRANA, FRANK  
1710 EAST 7TH AVENUE  
SUITE 100  
TAMPA, FL 33605

Name

OLSON & BEARDEN, P.A.

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

200 N. PIERCE STREET

4th FLOOR

City

TAMPA

FL

Zip Code

33602

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: LAURA OLSON

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP  
NAME LUBRANO, DEBRA  
STREET ADDRESS 833 SOUTH BLVD.  
CITY-ST-ZIP TAMPA, FL 33606 ☒ Delete

TITLE P  
NAME DE LA GRANA, FRANK  
STREET ADDRESS 1704 EAST 7TH AVE.  
CITY-ST-ZIP TAMPA, FL 33605 ☒ Delete

TITLE ST  
NAME BAMBERY, KATHLEEN  
STREET ADDRESS P.O. BOX 76849  
CITY-ST-ZIP TAMPA, FL 33675 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME CALDERONI, RICHARD A.  
STREET ADDRESS 3640 S. WEST SHORE BLVD  
CITY-ST-ZIP TAMPA, FL 33629 ☐ Change ☒ Addition

TITLE VP  
NAME MAHDIEN, AMIR A.  
STREET ADDRESS 3640 S. WEST SHORE BLVD.  
CITY-ST-ZIP TAMPA, FL 33629 ☐ Change ☒ Addition

TITLE S  
NAME MAHDIEN, AMIRA.  
STREET ADDRESS 3640 S. WEST SHORE BLVD  
CITY-ST-ZIP TAMPA, FL 33629 ☐ Change ☒ Addition

TITLE T  
NAME CALDERONI, RICHARD A.  
STREET ADDRESS 3640 S. WEST SHORE BLVD  
CITY-ST-ZIP TAMPA, FL 33629 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: Amir Mahdiah

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AMIR A. MAHDIEN  
VICE PRESIDENT 2-28-08

Date

Daytime Phone #