2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000135403						FILED					
1. Entity Nat	CORPORATION					09 JUN -2 AM 9: 55					
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Principal Place of Business Mailing Address 3491 Pointe Creek, #102 3491 Pointe Cree					#102		SEEN LAN	Y C# STA 法E. PLOR	IDA		
Bonita Springs,FL 34134 Bonita Springs,FL							Fielding .				
	Place of Business		3. Mailing Address								
<u></u>			Suite, Apt. #, etc.				in arusri, usquir unuss um				
Suite, Apt. #, etc.		City & State				08242005					
City & State			State		84-1658082 Not Applicable						
Zip	Country	Zip		Count	iry	5. Certificate	e of Status Desired		.75 Add Require		
	6. Name and Address of Curren	Registered	Agent		Name	7. Name and	Address of New F	legistered Age	nt		
JAFARI, FAROKH					Streel Address (P.O. Box Number is Not Acceptable)						
3491 Pointe Creek,#102 Bonita Springs,FL 34134											
Dointed Springs, Fr. 34134					City	FL Zip Code					
B. 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											
Signature, typed or printed name of registered again and ide 4 applicable. (NOTE: Registered Agent signature required when constating) DATE											
FILE NOWILL FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Finance Trust Fund Contribution.					cing \$5 Ed Add	.00 May Be led to Fees	In accordance v corporation did				
10.	OFFICERS AND	DIRECTORS		11.		ADDITIONS,	CHANGES TO OFF			S IN 11	
TITLE NAME STREET ADDRESS CITY-SI-ZEP	JAFARI, FAROKH ss 3491 Pointe Creek, #102				T ADDRESS	Change Addition					
TITLE	Bonita Springs,FL	34134	☐ Defete	TITLE	51-24		<u> </u>		Change	☐ Addition	
NAME STREET ADDRESS				NAME STREET	T ADDRESS	•					
CHTY-ST-ZIP			Поли	CITY-S	ST- ZIP	·· ·		.	Change	Addition	
TITLE HAME		•	☐ Delete	NAME			•	٠	Ottoniñe	- Monthon	
STREET ADDRESS CITY-ST-ZIP	ļ [,	·	CITY-S	TADDRESS ST-ZIP						
TITLE NAME	•		☐ Delete	TITLE NAME					Change	Addition -	
STREET ADDRESS CITY-ST-ZIP		;		STREET CITY-S	ADDRESS T-ZIP						
TITLE RAME			☐ Deleso	TITLE HAME					Change	Addition	
STREET ADDRESS	}			STREET	ADORESS	2					
CITY-ST-ZIP			☐ Delete	CITY-S	11-25				Change	Addition	
NAME STREET ADDRESS				NAME STREET	ADDRESS						
CITY-ST-ZP	portify that the information and in the	thin Since of a	or not munificate	CITY-S		nion 110 07/2\f) Florida Statutos I	further cortife to	at the i-	formation	
12. I hereby certify that the information supplied with this filling 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: DOLO TYPED OR PROVIED NAME OF SIGNAND OFFICER OR DIRECTOR DOLO Department of Signand Officer Officer Or Director Dolo Department of Signand Officer Or Director Dolo Department Or Director Dolo Department Or Director Dolo Department Or Director Dolo											

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