


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90317 033 \*\*\*150.00

DOCUMENT # P04000168448					
1. Entity Name F & H HOLDINGS, #3, INC.					
Principal Place of Business 1349 HIDEAWAY DR. S. JACKSONVILLE, FL 32259			Mailing Address 1349 HIDEAWAY DR. S. JACKSONVILLE, FL 32259		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 11-3737934	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PIRASTEH, FARZANEH 1349 HIDEAWAY DR. S. JACKSONVILLE, FL 32259				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				Zip Code	
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: <i>Mohammad Pirasteh</i>				DATE: 2-15-05	
Signature, typed or printed name of registered agent, or both, as applicable.				(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIRASTEH, MOHAMMAD H.		NAME	PIRASTEH, MOHAMMAD H.	
STREET ADDRESS	1349 HIDEAWAY DR. S.		STREET ADDRESS	1349 Hideaway Dr. S.	
CITY-ST-ZIP	JACKSONVILLE, FL 32259		CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<del>Director</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JABBERI, FARHAD		NAME	Arastou Goudarzi	
STREET ADDRESS	1405 SATLING DR.		STREET ADDRESS	8406 Kim Road	
CITY-ST-ZIP	ORANGE PARK, FL 32259		CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JABERI, FARZIN		NAME	Arastou Goudarzi	
STREET ADDRESS	1125 ANDREA WAY		STREET ADDRESS	8406 Kim Road	
CITY-ST-ZIP	JACKSONVILLE, FL 32259		CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Mohammad Pirasteh</i>				DATE: 2/14/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				904-230-8647	
				Daytime Phone #	