


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90007 024 ***150.00

DOCUMENT # P05000011044 1. Entity Name MAZYAR ACOREANOMOT APTS, INC.					
Principal Place of Business 5115 W PARK ROAD HOLLYWOOD, FL 33021			Mailing Address 5115 W PARK ROAD HOLLYWOOD, FL 33021		
2. Principal Place of Business 6130 Filmor St		3. Mailing Address 5115 W PARK Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HOLLYWOOD FL		City & State HOLLYWOOD FL		4. FEI Number 202 22 9101	
Zip 33024		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33021		Country Broward		6. Name and Address of Current Registered Agent KALHORDI, SARA 5115 W PARK ROAD HOLLYWOOD, FL 33021	
Name		7. Name and Address of New Registered Agent			
Street Address (P.O. Box Number is Not Acceptable)		City			
City		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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	DPST KALHORDI, SARA 5115 W PARK ROAD HOLLYWOOD, FL 33021		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
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: <i>X SARA KALHORDI</i>			Date: <i>X 1-28-06</i> Daytime Phone #: <i>X 954 5343935</i>		