


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90177 024 ***150.00

DOCUMENT # P05000024982	
1. Entity Name LINDA E. FARRAHI, P.A.	

Principal Place of Business 1853 SUNGAZER DRIVE VIERA, FL 32955 US	Mailing Address 1853 SUNGAZER DRIVE VIERA, FL 32955 US
--	--

60033103

2. Principal Place of Business - No P.O. Box # 4340 COLLINGTREE DR	3. Mailing Address 4340 COLLINGTREE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ROCKLEDGE FL	City & State ROCKLEDGE FL
Zip 32955	Zip 32955
Country BREVARD	Country BREVARD

04262008 Chg-P CR2E034 (12/06)

4. FEI Number 20-2610238	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FARRAHI, LINDA E 1853 SUNGAZER DRIVE VIERA, FL 32955	
7. Name and Address of New Registered Agent Name Linda E. Farrahi Street Address (P.O. Box Number is Not Acceptable) 4340 Collingtree Drive City Rockledge FL Zip Code 32955	

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 Linda E. Farrahi *Linda E. Farrahi* DATE 4/28/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	P FARRAHI, LINDA E 1853 SUNGAZER DRIVE VIERA, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Linda E. Farrahi 4340 Collingtree Dr. Rockledge, FL 32955 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Linda E. Farrahi *Linda E. Farrahi* DATE 4/28/08 (321) 638-4860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR