2	2007 FOR PROFI	T CORPORA	TION	FILED Jan 16, 2007 8:00 am Secretary of State	
DOCU	MENT # P0500003	6119		01-16-2007 90200 022 ***150.00	
1. Entity Name SPRINGS DEVELOPMENT ASSOCIATES, INC.					
Principal Plac	e of Business	Mailing Address		6800200	
155 BENTLEY DRIVE MIAMI SPRINGS, FL 33166		155 BENTLEY DRIVE MIAMI SPRINGS, FL 33166			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		 01092007 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number Applied For 20-2953770 Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent 7. Name Name				7. Name and Address of New Registered Agent	
GOLDBERG, ELLIOTT D 2400 EAST COMMERCIAL BLVD. SUITE 709 FOR LAUDERDALE, FL 33308				Street Address (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	
8. The above the obligat	named entity submits this statement fictions of registered agent.	or the purpose of changing its	s registered office o	e or registered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agen	·····			
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campa	ign Financing	DATE DATE Added to Fees	
10. TITLE	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME •STREET ADDRESS CITY - ST - ZIP	' D'JAHANSHAHI, HAMID 61 DEER RUN MIAMI SPRINGS, FL 33166	X Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DJAHANSHAHI, HAMID R. Change Addition ss 61 DEFR RUN MIAMI SPRINGS FL 33166	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D'JAHANSHAHI, ALI 1207 GENERAL POINTE TRAC PALM BEACH GARDENS, FL 3		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DJAHAN SHAHI, MAHMOUD R. Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DJAHANSHAHI, ALI R 741 FALLEN AVE MIAMI SPRINGS, FL 33166	Delete	TITLE NAME STREET ADDRESS CITY - ST- ZIP	S Es Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 🛄 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		🗆 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
indicated of the cor changed,	on this report or supplemental report i poration or the receiver or trustee emp or on an attachment with an address,	is true and accurate and that i powered to execute this report with all other like empowered	my signature shall h as required by Cha	s contained in Chapter 119, Florida Statutes. I further certify that the information Il have the same legal effect as if made under oath; that I am an officer or director chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if	
SIGNAT	URE: 4 R SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	DSAHANSH	HAHI, PRESIDENT 1/9/07 (305) 883-7601 Date Dayume Phone #	