

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000153901

FILED
Oct 19, 2006
Secretary of State**Entity Name:** SHIRAZ CONSTRUCTION, INC.**Current Principal Place of Business:**1700 N MAIN STREET
GAINESVILLE, FL 32609**New Principal Place of Business:**5709 SW 18TH STREET
GAINESVILLE, FL 32608**Current Mailing Address:**1700 N MAIN STREET
GAINESVILLE, FL 32609**New Mailing Address:**5709 SW 18TH STREET
GAINESVILLE, FL 32608**FEI Number:** 65-1264929**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**KAYE, ALLAN H
4809 SW 91ST TERR
GAINESVILLE, FL 32608 US**Name and Address of New Registered Agent:**SHIRAZIAN, EAMAN
5709 SW 18TH ST
GAINESVILLE, FL 32608 US

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.

SIGNATURE: SHIRAZIAN EAMAN

10/19/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** CEOC (X) Delete
Name: HESHMAT, ARDALAN
Address: 1700 N MAIN STREET
City-St-Zip: GAINESVILLE, FL 32609**Title:** PD () Delete
Name: SHIRAZIAN, SEYED G
Address: 5709 SW 18TH STREET
City-St-Zip: GAINESVILLE, FL 32608**Title:** VPD (X) Delete
Name: SADIGHI, MARZIEH
Address: 5709 SW 18TH STREET
City-St-Zip: GAINESVILLE, FL 32608**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SEYED GHOLAMREZA SHIRAZIAN

PD

10/19/2006

Electronic Signature of Signing Officer or Director

Date