

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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95 MAY -1 PM 1:42

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Northington
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # P94000045570 (6)

1. Corporation Name

SHAVERDI TRADING COMPANY, INC.

Principal Place of Business

**1365 CHURCHILL ROAD
WEST PALM BEACH FL 33406**

Mailing Address

**1365 CHURCHILL ROAD
WEST PALM BEACH FL 33406**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

06/17/1994

3a. Date of Last Report

4. FEI Number

US-0505745

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be
Added to Fees**

**8. This corporation has liability for intangible tax under s. 199.001,
Florida Statute. ☐ Yes ☒ No**

2. Principal Place of Business

21

2a. Mailing Address

26

22. State of Incorporation

27. State of Incorporation

23. City, & State

28. City, & State

24. City, & State

25. City, & State

29. City, & State

30. City, & State

9. Name and Address of Current Registered Agent

**SHAVERDI, SHERRY J
1365 CHURCHILL ROAD
WEST PALM BEACH FL 33406**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.011, 607.012, and 607.013, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Said change was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent. I am familiar with and accept the responsibility of this change as required by Florida Statutes.

SIGNATURE

Sherry J. Shaverdi

Signature of Agent upon first registration only

4/28/95

12. OFFICERS AND DIRECTORS

12.1	D	NAME	SHADERI, SHERRY J
12.2	D	STREET ADDRESS	1365 CHURCHILL ROAD
12.3	D	CITY, STATE, ZIP	WEST PALM BEACH FL 33406
12.4	D	NAME	SHADERI, SAEID
12.5	D	STREET ADDRESS	1365 CHURCHILL ROAD
12.6	D	CITY, STATE, ZIP	WEST PALM BEACH FL 33406
12.7		NAME	
12.8		STREET ADDRESS	
12.9		CITY, STATE, ZIP	
12.10		NAME	
12.11		STREET ADDRESS	
12.12		CITY, STATE, ZIP	
12.13		NAME	
12.14		STREET ADDRESS	
12.15		CITY, STATE, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

13.1	NAME	13.2	STREET ADDRESS	13.3	CITY, STATE, ZIP	13.4	Change	Add
13.5	NAME	13.6	STREET ADDRESS	13.7	CITY, STATE, ZIP	13.8	Change	Add
13.9	NAME	13.10	STREET ADDRESS	13.11	CITY, STATE, ZIP	13.12	Change	Add
13.13	NAME	13.14	STREET ADDRESS	13.15	CITY, STATE, ZIP	13.16	Change	Add
13.17	NAME	13.18	STREET ADDRESS	13.19	CITY, STATE, ZIP	13.20	Change	Add
13.21	NAME	13.22	STREET ADDRESS	13.23	CITY, STATE, ZIP	13.24	Change	Add
13.25	NAME	13.26	STREET ADDRESS	13.27	CITY, STATE, ZIP	13.28	Change	Add
13.29	NAME	13.30	STREET ADDRESS	13.31	CITY, STATE, ZIP	13.32	Change	Add

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Sections 199.001, 199.002, 199.003, Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. There are no other persons with an address.

SIGNATURE:

Sherry J. Shaverdi

SHERRY J. SHAVERDI

4/28/95 (407) 6084-4942

SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR