

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000077211**

1. Entity Name  
**PANAMA CITY PLAZA, INC.**



Principal Place of Business  
**828 WEST 11TH STREET  
PANAMA CITY, FL 32402 US**

Mailing Address  
**% NEUBAUER REAL ESTATE  
740 S. TYNDALL PKWY  
PANAMA CITY, FL 32404 US**



01252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3273729** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**NEUBAUER REAL ESTATE, INC.  
740 SOUTH TYNDALL PARKWAY  
PANAMA CITY, FL 32404**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	FARHADIAN, BEHROOZ R.
STREET ADDRESS	131 COLONIAL ROAD
CITY- ST- ZIP	GREAT NECK, NY
TITLE	D
NAME	FARHADIAN, AYOUB
STREET ADDRESS	131 COLONIAL ROAD
CITY- ST- ZIP	GREAT NECK, NY
TITLE	D
NAME	SOHAYEGH, DAVID
STREET ADDRESS	145 E HOUSTON ST #5A
CITY- ST- ZIP	NEW YORK CITY, NY
TITLE	VP
NAME	MALEKAN, ESHAGH
STREET ADDRESS	95 DELANCEY STREET 2ND FLR
CITY- ST- ZIP	NYC, NY
TITLE	P
NAME	BLUSH, JERRY
STREET ADDRESS	95 DELANCEY ST 2ND FLR
CITY- ST- ZIP	NYC, NY
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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03/17/06 00032-018 150.00

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:

*David Sohayege*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DAVID SOHAYEGH** 3-28-06

Date

Daytime Phone #