

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000055833

Entity Name: ALBORZ, INC.

**FILED**  
**Apr 09, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

15215 ARBOR HOLLOW DR.  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

15215 ARBOR HOLLOW DR.  
ODESSA, FL 33556

**New Mailing Address:**

FEI Number: 59-3385516

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HEYDARPOUR, BRUCE  
15215 ARBOR HOLLOW DR.  
ODESSA, FL 33556 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HEYDARPOUR, BRUCE  
Address: 15215 ARBOR HOLLOW DR.  
City-St-Zip: ODESSA, FL 33556

I hereby 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 all other like empowered.

SIGNATURE: BRUCE HEYDARPOUR

DIR

04/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date