2008 FOR PROFIT CORPORATION

SIGNATURE AND TOPED OF

FILED Apr 17, 2008 8:00 am Secretary of State

	~1111			Secretary or Stat	
1. Entity Nan	MENT # P990000098 nd HERAVI P.A.	387		04-17-2008 90045 002 ***150.0	
Principal Plac	ce of Business	Mailing Address			
9226 SW 67	AVE	29063 PROVIDENCE ROAD		•	
MIAMI, FL 3		TEMECULA, CA 92591			
		·			
DO NOT WRITE IN THIS SPACE			CE	04122008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied	For
				65-0898773 Not App	
1				\$0.75 Addison	
				5. Certificate of Status Desired Fee Required	.,
	6. Name and Address of Current Re	gistered Agent		· · · · · · · · · · · · · · · · · · ·	
HERAVI, MEHRZAD				DO NOT WRITE	
9226 SW 67 AVE				DO NOT WKITE	
MIAMI, FL 33156				IN THIS SPACE	
				IN THIS SPACE	
		· · · · · · · · · · · · · · · · · · ·	<u> </u>		
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) OATE					
in the state of th					
FIL	E NOW!!! FEE 18 \$150.00	9. Election Campaign Final		5.00 May Be	
After M	lay 1, 2008 Fee will be \$550.00	Trust Fund Contribution.	. 🗀 Adid	ded to Fees	
10.	OFFICERS AND D	RECTORS			
TITLE	DP		1		
NAME	HERAVI, MEHRZAD				
STREET ADDRESS	11835 SW 102ND STREET				
CITY-ST-ZIP	MIAMI, FL 33186				
TITLE			-1		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
- 			-		
TITLE NAME					
STREET ADDRESS					
CITY-ST-ZIP	· · · ·			DO NOT WRITE	44) + 1
TITLE	 		1		
NAME	1			INI LUIK KUATL	
STREET ADDRESS				IN THIS SPACE	
CITY-ST-ZIP				IN THIS SPACE	
				IN THIS SPACE	
TITLE				IN THIS SPACE	
TITLE				IN THIS SPACE	
TITLE NAME STREET ADDRESS				IN THIS SPACE	
NAME				IN THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		IN THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		· · · · · · · · · · · · · · · · · · ·		IN THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·		IN THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					otic -
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicates	certify that the information supplied with the on this report or supplemental report is to	nis filing does not qualify for the exue	emptions contained	od in Chapter 119, Florida Statutes. I further certify that the inform	ation rector
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicates of the co	rporation or the receiver or trustee empow	ered to execute this report as requ	emptions contained ature shall have the ired by Chapter 60		ation rector k 11 if
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicates of the co	certify that the information supplied with the on this report or supplemental report is to reporation or the receiver or trustee empower is or on an attachment with an address, with an address.	ered to execute this report as requ	emptions contained ture shall have the ired by Chapter 60	ed in Chapter 119, Florida Statutes. I further certify that the inform same legal effect as if made under oath; that I am an officer or di 17, Florida Statutes; and that my name appears in Block 10 or Bloc	sk 11 if
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicates of the co	rporation or the receiver or trustee empowed, or on an attachment with an address, with	ered to execute this report as requ	emptions contained ature shall have the irred by Chapter 60.	od in Chapter 119, Florida Statutes. I further certify that the inform	sk 11 if

NG OFFICER OR DIRECTOR