


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90301 040 ***150.00

DOCUMENT # P99000032845	
1. Entity Name SHIRAZIFAR VENTURE INC.	

Principal Place of Business 2955 PINEDA CAUSEWAY, STE. 118 MELBOURNE, FL 32940	Mailing Address 2955 PINEDA CAUSEWAY, STE. 118 MELBOURNE, FL 32940
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94049161

2. Principal Place of Business ALI MOHAMMED SHIRAZI Suite, Apt. #, etc. 2800 S. COURTENAY PKWY City & State MERRITT ISLAND FL. Zip 32952 Country BREVARD	3. Mailing Address ALI MOHAMMED SHIRAZI Suite, Apt. #, etc. 2800 S. COURTENAY PKWY City & State MERRITT ISLAND FL. Zip 32952 Country BREVARD
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03292004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3574951	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHIRAZI, ALI M 2955 PINEDA CAUSEWAY, STE. 118 MELBOURNE, FL 32940	7. Name and Address of New Registered Agent Name SHIRAZI, ALI M. Street Address (P.O. Box Number is Not Acceptable) 2800 S. COURTENAY PKWY City MERRITT ISLAND FL Zip Code 32952
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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SHIEAZI, ALI 2955 PINEDA CAUSEWAY STE 118 MELBOURNE, FL 32940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHIRAZI, FERESHTEH Y 2955 PINEDA CAUSEWAY, SUITE 118 MELBOURNE, FL 32940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  4, 08, 04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ch # 1076 Paid \$150.00