

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000088709

Entity Name: FL MANAGEMENT INC.

**FILED**  
**Jun 29, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1210 US 19  
SUITE 4  
HOLIDAY, FL 34691

**New Principal Place of Business:**

**Current Mailing Address:**

1210 US 19  
SUITE 4  
HOLIDAY, FL 34691

**New Mailing Address:**

FEI Number: 59-3611456

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOSHTAGH, MEHRDAD  
5400 TECH DATA DR  
CLEARWATER, FL 33760 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: DVP  
Name: MOSHTAGH, MEHRDAD  
Address: 1210 US 19 #4  
City-St-Zip: HOLIDAY, FL 34691

Title: DPS  
Name: MOSHTAGH, KIANOUSH  
Address: 1210 US 19 #4  
City-St-Zip: HOLIDAY, FL 34691

Title: DVP  
Name: MOSHTAGH, NAVID  
Address: 1210 US 19 #4  
City-St-Zip: HOLIDAY, FL 34691

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: MEHRDAD MOSHTAGH

DVP

06/29/2010

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

\_\_\_\_\_  
Date