

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000105828

1. Entity Name
MONTE CRISTO OF TALLAHASSEE, INC.



FILED

08 APR -4 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2811 E INDUSTRIAL PLAZA DR
TALLAHASSEE, FL 32301 US

Mailing Address
2811 E INDUSTRIAL PLAZA DR
TALLAHASSEE, FL 32301 US

JA



02082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3622434

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

GHAZVINI, BEHZAD
2811 E INDUSTRIAL PLAZA DR
TALLAHASSEE, FL 32301

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	GHAZVINI, HOSSEIN
STREET ADDRESS	2811 E INDUSTRIAL PLAZA DR
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	GHAZVINI, MEHRAN
STREET ADDRESS	2811 E INDUSTRIAL PLAZA DR
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	PD
NAME	GHAZVINI, BEHZAD
STREET ADDRESS	2811 E INDUSTRIAL PLAZA DR
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400122273814
04/04/08--01023--022 **150.00

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IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/08 *850-205-5231*

Date Daytime Phone #