

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # S13990**

1. Entity Name  
**STRUCTURAL ENGINEERING AND DESIGN  
CONSULTANT, INC.**



Principal Place of Business

**4855 WEST HILLSBORO BOULEVARD  
B7  
COCONUT CREEK, FL 33073 US**

Mailing Address

**4855 WEST HILLSBORO BOULEVARD  
B7  
COCONUT CREEK, FL 33073 US**



02062008

No Chg-P

CR2E034 (11/05)

4. FEI Number  
**65-0229602**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**YAZDANI, FARZAD  
4855 WEST HILLSBORO BOULEVARD  
B7  
COCONUT CREEK, FL 33073**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

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 PD  
NAME YAZDANI, FARZAD  
STREET ADDRESS 4855 WEST HILLSBORO BOULEVARD, B7  
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE STD  
NAME YAZDANI, ROBIN A  
STREET ADDRESS 4855 WEST HILLSBORO BOULEVARD, B7  
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000822672

02/20/08-80008-006 150.00

**DO NOT WRITE  
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

2/5/08

Date

561-883-8500

Daytime Phone #