


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000058370  
 1. Entity Name  
 RABBEY ENTERPRISES, INC.



Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 4719 NW 183RD ST C/O MAS  
 N MIAMI, FL 33055 P O BOX 771210  
 CORAL SPRINGS, FL 33077-1210



01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0847408 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 RAHMAN, ANISUR  
 4719 NW 183RD ST  
 N MIAMI, FL 33055

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

000000260076  
 03/12/05-80010-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ANISUR RAHMANT, MOHAMMED
STREET ADDRESS	4719 NW 183RD ST
CITY-ST-ZIP	N MIAMI, FL 33055
TITLE	SD
NAME	MIAH, MOHAMMAD
STREET ADDRESS	4719 NW 183RD ST
CITY-ST-ZIP	N MIAMI, FL 33055
TITLE	TD
NAME	FAKHRUL, MOHAMMED
STREET ADDRESS	4719 NW 183RD ST
CITY-ST-ZIP	N MIAMI, FL 33055
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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: *Ansur Rahman* 02/14/2005 305 620 1772  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #