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Secretary of State
04-01-2008 90010 024 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F07000001398

1. Entity Name
RAFIPOOR FUNDING GROUP, INC.

Principal Place of Business
17310 REDHILL AVE STE 250
IRVINE, CA 92614

Mailing Address
17310 REDHILL AVE STE 250
IRVINE, CA 92614

03262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-8524831
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE, FL 32303

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 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	CPST
NAME	RAFIPOOR, MIKE
STREET ADDRESS	~~3200 BRISTOL STREET, SUITE 750~~ 17310 REDHILL AVE #250
CITY-ST-ZIP	~~COSTA MEDA, CA 92626~~ Irvine, CA 92614
TITLE	VP
NAME	CHAMPAGNE, BROOKS
STREET ADDRESS	~~3200 BRISTOL STREET, SUITE 750~~ 17310 REDHILL AVE #250
CITY-ST-ZIP	~~COSTA MEDA, CA 92626~~ Irvine, CA 92614
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: PLES 3/28/08 (949) 336-4841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #