

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90099 030 ***150.00

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1. Entity Name
RABBIT CARPET CORPORATION



Principal Place of Business
**180 GLADES RD.
BOCA RATON, FL 33432 US**

Mailing Address
**180 GLADES RD.
BOCA RATON, FL 33432 US**

DO NOT WRITE IN THIS SPACE



02252006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0026702

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ZANGENEH, SIAMAK
3860 ST. JAMES WAY
BOCA RATON, FL 33434**

**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]* **3.3.06**
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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PR
NAME	KEIVANI, KAZEM
STREET ADDRESS	3480 MERGANSER LANE
CITY-ST-ZIP	ALPHARETTA, GA 30022
TITLE	SD
NAME	NEMATZADEH, AHMAD
STREET ADDRESS	19223 SW 60 COURT
CITY-ST-ZIP	PEMBROKE PINES, FL 33332
TITLE	ZANGENEH SIAMAK PRESIDENT
NAME	3860 ST JAMES WAY
STREET ADDRESS	BOCA RATON, FL 33434
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #