

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # K63684**

1. Entity Name

R.A.H. INVESTMENT ENTERPRISES, INC.



Principal Place of Business

6250 NW 35TH AVE.  
MIAMI, FL 33147

Mailing Address

6250 NW 35TH AVE.  
MIAMI, FL 33147

**DO NOT WRITE IN THIS SPACE**



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0103229

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

COURSHON, CHARLES J.  
1428 BRICKELL AVENUE  
SUITE 206  
MIAMI, FL 33131

**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, 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 PD  
NAME SALSTEIN, ABRAHAM  
STREET ADDRESS 8920 SW 117TH ST  
CITY-ST-ZIP MIAMI, FL 33176

TITLE VD  
NAME SALSTEIN, HOWARD  
STREET ADDRESS 10835 S.W. 138TH ST.  
CITY-ST-ZIP MIAMI FL,

TITLE STD  
NAME SALSTEIN, JOSHUA  
STREET ADDRESS 7800 SW 132 STREET  
CITY-ST-ZIP MIAMI, FL 33156

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000379501  
01/10/06-80024-016 150.00

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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

DATE

Daytime Phone #

JOSHUA Salstein 01-06-05 (305) 693-6868