2005 FOR PROFIT CORPORATION ANNUAL REPORT

City-St-7iP

May 04, 2005 08:00 AM **Secretary of State** DOCUMENT # P02000006575 1. Entity Name RIHA OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 3320 HWY, 17 S. P.O. BOX 1062 ZOLFO SPRINGS, FL 33890 NOCATEE, FL 34268 04142005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 30-0035457 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent IQBAL, MOHAMED DO NOT WRITE 3320 HWY, 17 S. ZOLFO SPRINGS, FL 33890 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! EEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME IQBAL, MOHAMED STREET ADDRESS 3434 MARION ST. CITY-ST-ZIP ZOLFO SPRINGS, FL 33890 000000361552 05/05/05-80080-022 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-71P TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED