


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000037948 1. Entity Name RABIJE, INC.	
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Principal Place of Business 255 BAYSIDE DR. CLEARWATER, FL 33767	Mailing Address 255 BAYSIDE DR. CLEARWATER, FL 33767
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04282008 No Chg-P CR2E034 (11/05)

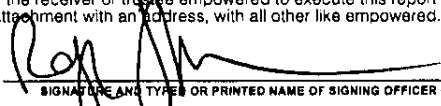
DO NOT WRITE IN THIS SPACE

4. FEI Number 83-0352787	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCFARLAND, DONALD O 311 SOUTH MISSOURI AVE. CLEARWATER, FL 33756	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE 05/28/08-80060-011 150.00
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	D	
NAME	TZEKAS, RAIM	
STREET ADDRESS	255 BAYSIDE DR.	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	D	
NAME	TZEKAS, RABIJE	
STREET ADDRESS	255 BAYSIDE DR.	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	D	
NAME	LEASS, NAZIRE	
STREET ADDRESS	255 BAYSIDE DR	
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: 	4/30/08 727-723-2346
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone</small>