



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90108 041 ***150.00

DOCUMENT # P03000078836 1. Entity Name RAHATH ENTERPRISES, INC.					
Principal Place of Business 4201 W. VINE ST #064668 KISSIMMEE, FL 34746 US			Mailing Address 2018 JOANS TERR KISSIMMEE, FL 34741 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1549 TANGERO CIRCLE Suite, Apt. #, etc.			
City & State _____		City & State KISSIMMEE		02142005 Chg-P CR2E034 (10/03)	
Zip _____		Zip FW 34746		4. FEI Number 36-4535571	
Country _____		Country FW 34746		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERVIN, NAHIDA 2018 JOANS TERR KISSIMMEE, FL 34741				7. Name and Address of New Registered Agent Name PERVIN NAHIDA Street Address (P.O. Box Number is Not Acceptable) 1549 TANGERO CIRCLE City KISSIMMEE FL Zip Code 34746	
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: <u><i>Nahida Pervin</i></u> X DATE: <u>3/31/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 3, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PERVIN, NAHIDA 2018 JOANS TERR KISSIMMEE, FL 34741 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PERVIN NAHIDA 1549 TANGERO CIRCLE KISSIMMEE FW 34746. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Nahida Pervin</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>3/31/05</u> <small>Daytime Phone #</small>		