2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000071418

Entity Name: RAFAH AFRICAN AND CARRIBBEAN RESTAURANT INC.

FILED Apr 28, 2005 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1000-12 W THARPE ST TALLAHASSEE, FL 32303						
Current Mailing Address:			New Mailir	New Mailing Address:		
2375 IAN DR TALLAHASSEE, FL 32303				2961 FOXCROFT DR TALLAHASSEE, FL 32309		
FEI Number:	20-1012723	FEI Number Applied For ()	FEI Number Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Address of Ne	w Registered Agent:	
2375 IAN D	N-OJO, ELIZAB R SEE, FL 32303		2961 FOXC	ADEJOKUN-OJO, ELIZABETH A OWNER 2961 FOXCROFT DR TALLAHASSEE, FL 32309 US		
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.						
SIGNATURE: E A ADEJOKUN-OJO				04/28/2005		
Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () [ADEJOKUN-OJO 2375 IAN DR TALLAHASSEE, I		Title: Name: Address: City-St-Zip:	. ,		
Title: Name: Address: City-St-Zip:	D ()[THOMPSON, OLA 1000-12 W THAF TALLAHASSEE,	RPE ST	Title: Name: Address: City-St-Zip:	O (X) C OJO, MATTHEW 2961 FOXCROFT TALLAHASSEE, F	T DR	
Title: Name: Address: City-St-Zip:	D ()[ONIGBANJO, AD 1000-12 W THAF TALLAHASSEE,	RPE ST	Title: Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	O () C OJO, JOHN A CO 2961 FOXCROFT TALLAHASSEE, F	T DR	
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	O () C OJO, ESTHER O 2961 FOXCROFT TALLAHASSEE, F	T DR	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH ADEJOKU-OJO DIRE 04/28/2005