


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000158440

1. Entity Name
RAHAMAN'S FASHION FABRICS, INC.



Principal Place of Business Mailing Address

108 N.W. 20TH STREET 108 N.W. 20TH STREET
 BOCA RATON, FL 33431 US BOCA RATON, FL 33431 US

DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CRZE034 (11/05)

4. FEI Number Applied For
 20-1909752 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAHAMAN ZAREMBA, JAMEELIA
 5601 N.W. 2ND AVENUE
 116
 BOCA RATON, FL 33487

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).

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	P/D
NAME	RAHAMAN ZAREMBA, JAMEELIA
STREET ADDRESS	5601 N.W. 2ND AVENUE, APT. 116
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	VP/D
NAME	RAHAMAN, REEZA
STREET ADDRESS	5601 N.W. 2ND AVENUE APT 116
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	CL/D
NAME	RAHAMAN, SHEREEZA
STREET ADDRESS	5601 N.W. 2ND AVENUE APT 116
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/19/06-80018-007 150.00

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: Jameelia R. Zaremba 1-17-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #