

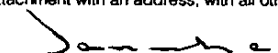


03-19-2007 90085 007 \*\*\*150.00

<b>DOCUMENT # P04000158440</b>						<b>Secretary of State</b> 03-19-2007 90085 007 ***150.00					
1. Entity Name <b>RAHAMAN'S FASHION FABRICS, INC.</b>				Principal Place of Business <b>108 N.W. 20TH STREET BOCA RATON, FL 33431 US</b>				Mailing Address <b>108 N.W. 20TH STREET BOCA RATON, FL 33431 US</b>			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				02242007 Chg-P CR2E034 (12/06)			
City & State				City & State				4. FEI Number <b>20-1909752</b>		Applied For Not Applicable	
Zip		Country		Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
<b>RAHAMAN ZAREMBA, JAMEELIA 5601 N.W. 2ND AVENUE 116 BOCA RATON, FL 33487</b>						Name					
						Street Address (P.O. Box Number is Not Acceptable)					
						City					
						<b>FL</b> Zip Code					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____											
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>							
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P/D RAHAMAN ZAREMBA, JAMEELIA 5601 N.W. 2ND AVENUE, APT. 116 BOCA RATON, FL 33487 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP		V. D. RAHAMAN, Shaheed. 5601 N.W. 2ND AVE Apt 116 BOCA RATON FL 33487 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP/D RAHAMAN, REEZA 5601 N.W. 2ND AVENUE APT 116 BOCA RATON, FL 33487 <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		CL/D RAHAMAN, SHEREEZA 5601 N.W. 2ND AVENUE APT 116 BOCA RATON, FL 33487 <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			
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 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: 						2.24.07 561-416-7272					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						Date Daytime Phone #					