


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2008 08:00 A
Secretary of State

DOCUMENT # P04000158440		
1. Entity Name RAHAMAN'S FASHION FABRICS, INC.		
Principal Place of Business 108 N.W. 20TH STREET BOCA RATON, FL 33431 US	Mailing Address 108 N.W. 20TH STREET BOCA RATON, FL 33431 US	



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1909752	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

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

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02/15/08-80025-022 158.75

**DO NOT WRITE
IN THIS SPACE**

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: Zarembe Date: 2-1-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #