

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000012373

1. Entity Name  
DENA RAFATI, INC.



FILED

05 AUG 18 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
786 HWY 100  
STARKE, FL 32091

Mailing Address  
P.O. BOX 1749  
KEYSTONE HEIGHTS, FL 32656

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08092005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3358486

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAFATI, HOMAYOUN  
786 HWY. 100  
STARKE, FL 32091

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME ABBASZADEH, MOJGAN  
STREET ADDRESS 592 SE 31ST WAY  
CITY- ST- ZIP MELROSE, FL 32666

TITLE ☐ Change ☐ Addition  
NAME 300058849049  
STREET ADDRESS 08/22/05--01060--006  
CITY- ST- ZIP \*\*150.00

TITLE STD ☐ Delete  
NAME RAFATI, HOMAYOUN  
STREET ADDRESS 592 SE 31ST WAY  
CITY- ST- ZIP MELROSE, FL 32666

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Aug. 15. 5 352-473-0431

From: DENA-RAFATI-inc

Tony Rafati

2012

Ref. Number: P96000012373

I. Received MY CORPORATION'S Document on JULY 21.5  
and I did send \$150<sup>00</sup> on JULY 23.5



AUG. 15.5