

# **2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000012373

Entity Name: DENA RAFATI, INC.

**FILED**  
**Mar 28, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

786 HWY 100  
STARKE, FL 32091

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1749  
KEYSTONE HEIGHTS, FL 32656

**New Mailing Address:**

FEI Number: 59-3358486

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAFATI, HOMAYOUN  
786 HWY. 100  
STARKE, FL 32091 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ABBASZADEH, MOJGAN  
Address: 592 SE 31ST WAY  
City-St-Zip: MELROSE, FL 32666

Title: STD ( ) Delete  
Name: RAFATI, HOMAYOUN  
Address: 592 E 31ST HWY.  
City-St-Zip: MELROSE, FL 32666

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: HOMAYOUN RAFATI

OFFI

03/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date