


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90012 007 ***150.00

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| DOCUMENT # P96000066197 |  |
| 1. Entity Name RAFIEIAN ENTERPRISES, INC. | |

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| Principal Place of Business HARIZ RUG GALLERY 9914 W. LINEBOUGH AVE., #16-17 TAMPA, FL 33626 US | Mailing Address HARIZ RUG GALLERY 9914 W. LINEBOUGH AVE., #16-17 TAMPA, FL 33626 US |
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| 2. Principal Place of Business RAFIEIAN ENTERPRISES, INC. Suite, Apt. #, etc. 10617 ROCHESTER WAY City & State TAMPA, FL Zip 33626 Country US | 3. Mailing Address RAFIEIAN ENTERPRISES, INC. Suite, Apt. #, etc. 10617 ROCHESTER WAY City & State TAMPA, FL Zip 33626 Country US |
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07082005 Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3391563 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent RAFIEIAN, SIAMAK 10617 ROCHESTER WAY TAMPA, FL 33626 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

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| SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) | DATE |
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| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RAFIEIAN, SIAMAK 10617 ROCHESTER WAY TAMPA, FL 33626 <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 |
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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

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| SIGNATURE:  SIAMAK RAFIEIAN | Date x 7/13/05 | Daytime Phone # x 813-920-9144 |
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