

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000068764

Entity Name: RAFIDI, INC.

FILED  
Apr 16, 2006  
Secretary of State

**Current Principal Place of Business:**

6854 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 37714  
JACKSONVILLE, FL 32236

**New Mailing Address:**

FEI Number: 59-3398097

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RAFIDI, MUNA  
2568 MANOR CT  
ORANGE PARK, FL 32073 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: RAFIDI, MUNA  
Address: 2568 MANOR CT  
City-St-Zip: ORANGE PARK, FL 32073

Title: V (X) Delete  
Name: RAFIDI, YACoub  
Address: PO BOX 37714  
City-St-Zip: JACKSONVILLE, FL 32236

**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 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: MUNA RAFIDI

PD

04/16/2006

Electronic Signature of Signing Officer or Director

Date