

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90058 008 ***150.00

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1. Entity Name
RAYS ENTERPRISE, INC.

Principal Place of Business
**3261 SEAWARD DRIVE
POMPANO BEACH FL 33062**

Mailing Address
**POST OFFICE BOX 350512
FT. LAUDERDALE FL 33335**



2. Principal Place of Business
3299 N. DIXIE HWY.
Suite, Apt. #, etc.

3. Mailing Address
Suite; Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
OAKLAND PARK, FL

City & State

4. FEI Number **65-0794729**

Applied For
Not Applicable

Zip **33335** Country **USA**

Zip Country

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

**FAROKH Nia, MOHAMADREZA
3261 SEAWARD DRIVE
POMPANO BEACH FL 33062**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **3/5/03**

MOHAMADREZA FAROKH NIA PRESIDENT 3/5/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	FAROKH NIA, MOHAMADREZA	3261 SEAWARD DRIVE	POMPANO BEACH FL 33062	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]* SIGNATURE REQUIRED
Signature and typed or printed name of signing officer or director

MOHAMADREZA FAROKH NIA 3/5/03 954-563-7297

Date

Daytime Phone #

CR2E034 (10/02)