


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 17, 2005 8:00 am**  
**Secretary of State**

05-17-2005 90015 021 \*\*\*150.00

**DOCUMENT # P98000038045**

1. Entity Name  
**RIGHTEOUS PATH ENTERPRISES, INC.**



Principal Place of Business  
 9506 NW 7TH AVE.  
 MIAMI, FL 33150


Mailing Address  
 9506 NW 7TH AVE.  
 MIAMI, FL 33150

2. Principal Place of Business  
 Suite, Apt. #, etc. *SAME AS ABOVE*

3. Mailing Address  
 Suite, Apt. #, etc. *ABOVE*

City & State  
 City & State

Zip Country Zip Country



04272005 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0846673**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SALVADOR, QUADRI AYO**  
**MIAMI, FL**

**7. Name and Address of New Registered Agent**

Name *N/A*

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 *N/A* DATE

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

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 D	SALVADOR, QUADRI AYO 9506 NW 7TH AVE. MIAMI, FL 33150	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S	ABUBAKR, SALVADOR I 9506 NW 7TH AVE. MIAMI, FL 33150	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T	SALVADOR, FATIMA D 9506 NW 7TH AVE. MIAMI, FL 33150	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	SALVADOR, HABIDEEN WALE 9506 NW 7TH AVE. MIAMI, FL 33150	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Quadrif Ayo* **04/12/2005**

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DayTime Phone #