

2004
2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000038045

1. Entity Name
RIGHTEOUS PATH ENTERPRISES, INC.

SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 04 MAY 13 PM 1:33

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0846673** Applied For
 Not Applicable

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

8. Name and Address of Current Registered Agent

SALVADOR, QUADRI AYO
 9506 NW 7TH AVE
 MIAMI, FL 33150

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEES \$150.00
 After MAY 1, 2004 Fee will be \$550.00
 Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SALVADOR, QUADRI AYO | |
| STREET ADDRESS | 9506 NW 7TH AVE | |
| CITY-ST-ZIP | MIAMI, FL 33150 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | ABUBAKR, SALVADOR I | |
| STREET ADDRESS | 9506 NW 7TH AVE | |
| CITY-ST-ZIP | MIAMI, FL 33150 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | SALVADOR, AISA KEMY | |
| STREET ADDRESS | 9506 NW 7TH AVE | |
| CITY-ST-ZIP | MIAMI, FL 33150 | |
| TITLE | VICE-PRESIDENT | <input type="checkbox"/> Delete |
| NAME | SALVADOR, HABIBDEEN WAJEE | |
| STREET ADDRESS | 9506 NW 7TH AVE | |
| CITY-ST-ZIP | MIAMI, FL 33150 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Additio |
| NAME | 900037667499 | |
| STREET ADDRESS | 06/04/04--01040--005 **150.00 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Additio |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Additio |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Additio |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date: **04/04/2004** Daytime Phone #: **(305) 628 2754**