


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V36146</b>	
1. Entity Name <b>FIRST ARAFIAN FINANCIAL CORPORATION</b>	

Principal Place of Business <b>6871 BIRD RD. MIAMI, FL 33155 US</b>	Mailing Address <b>6871 BIRD RD. MIAMI, FL 33155 US</b>
--	--

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>ALKHALIFA, RAFAY 6871 BIRD RD. MIAMI, FL 33155</b>	
--	--

	
05032005	No Chg-P
CR2E034 (10/03)	
4. FEI Number <b>65-0367219</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPDS ALKHALIFA, RAFAY 6871 BIRD RD. MIAMI, FL 33155</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ALKHALIFA, RAFAY 6871 BIRD RD. MIAMI, FL 33155</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

1000000362045  
05/05/05-80103-001 150.00

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.

<b>SIGNATURE:</b> 	<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>	Date <b>5/2 05</b>	Daytime Phone #
---	---	--------------------	-----------------