

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000064753

**FILED**  
**Jan 16, 2018**  
**Secretary of State**  
**CC2130412158**

**Entity Name:** RAFAE PROPERTY MANAGEMENT INC.

**Current Principal Place of Business:**

204 TIMBER LANE  
PANAMA CITY, FL 32405

**Current Mailing Address:**

6110 ADINA RD  
COCOA, FL 32927 US

**FEI Number: 82-2333133**

**Certificate of Status Desired: Yes**

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

DURBIN, FRANKLIN W  
6110 ADINA RD  
COCOA, FL 32927 US

*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

**Officer/Director Detail :**

Title P  
Name HUSSAIN, ZAFAR  
Address 204 TIMBER LANE  
City-State-Zip: PANAMA CITY FL 32405

Title DIRECTOR  
Name WAHEED, ATIKA  
Address 204 TIMBER LANE  
City-State-Zip: PANAMA CITY FL 32405

Title DIRECTOR  
Name ZAFAR, ABDUL-REHMA  
Address 204 TIMBER LANE  
City-State-Zip: PANAMA CITY FL 32405

Title DIRECTOR  
Name ZAFAR, ABDUL-HANNA  
Address 204 TIMBER LANE  
City-State-Zip: PANAMA CITY FL 32405

Title DIRECTOR  
Name ZAFAR, ABDUL RAFAE  
Address 204 TIMBER LANE  
City-State-Zip: PANAMA CITY FL 32405

Title DIRECTOR  
Name ZAFAR, WARDAH  
Address 204 TIMBER LANE  
City-State-Zip: PANAMA CITY FL 32405

Title DIRECTOR  
Name ZAFAR, BAHEERAH  
Address 204 TIMBER LANE  
City-State-Zip: PANAMA CITY FL 32405

*I hereby 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 all other like empowered.*

**SIGNATURE: ZAFAR HUSSAIN**

**PRESIDENT**

**01/16/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date