

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000065930

**Entity Name:** STEPHANIE RAHAMAN PA

**Current Principal Place of Business:**

6643 SE RAINTREE AVE  
STUART, FL 34997

**Current Mailing Address:**

6643 SE RAINTREE AVE  
STUART, FL 34997

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

RAHAMAN, STEPHANIE  
6643 SE RAINTREE AVE  
STUART, FL 34997 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            RAHAMAN, STEPHANIE  
Address        6643 SE RAINTREE AVE  
City-State-Zip: STUART FL 34997

*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:** STEPHANIE RAHAMAN

**REGISTERED AGENT**

**02/06/2024**

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

\_\_\_\_\_ Date