


FROM :

FAX NO. : 4078314407

**FILED**  
**Sep 13, 2004 8:00 am**  
**Secretary of State**

09-13-2004 90009 015 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000002290 1. Entity Name RAAHI CONVENIENCE CORPORATION	
--	---

24085086

Principal Place of Business RT 22 BOX 2357 LAKE CITY, FL 32055	Mailing Address RT 22 BOX 2357 LAKE CITY, FL 32055
--	--



2. Principal Place of Business	3. Mailing Address P.O. Box 1352
--------------------------------	-------------------------------------

Suite, Apt., etc. P.O. Box 1352	Suite, Apt. #, etc. BRANFORD
------------------------------------	---------------------------------

08272004 Chg-3 CR2E034 (10/03)

City & State BRANFORD FL	City & State FL 32008
-----------------------------	--------------------------

4. FEI Number 41-2073875	Applied For Not Applicable
-----------------------------	-------------------------------

Zip 32008	Country SUNAWNEE	Zip ---	Country SUNAWNEE
--------------	---------------------	------------	---------------------

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	---

6. Name and Address of Current Registered Agent PATEL, ASHITA RT 22 BOX 2357 LAKE CITY, FL 32055	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Repetition of Agent's name is required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D PATEL, ASHITA RT 22 BOX 2357 LAKE CITY, FL 32055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(f), 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 Ashita Patel DATE 9/10/04