

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000002290

**FILED**  
**Apr 05, 2005**  
**Secretary of State**

**Entity Name:** RAAHI CONVENIENCE CORPORATION

**Current Principal Place of Business:**

P.O. BOX 1352  
BRANFORD, FL 32008

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1352  
BRANFORD, FL 32008

**New Mailing Address:**

**FEI Number:** 41-2073875      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PATEL, ASHITA  
RT 22 BOX 2357  
LAKE CITY, FL 32055      US

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

PATEL, ASHITA  
HWY27, BOX#1352  
BRANFORD, FL 32008      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: \_\_\_\_\_ 04/05/2005  
Electronic Signature of Registered Agent      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P, D ( ) Delete  
Name: PATEL, ASHITA  
Address: RT 22 BOX 2357  
City-St-Zip: LAKE CITY, FL 32055

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P, D (X) Change ( ) Addition  
Name: PATEL, ASHITA  
Address: HWT27, BOX#1352  
City-St-Zip: BRANFORD, FL 32008

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ASHITA PATEL      PD      04/05/2005  
Electronic Signature of Signing Officer or Director      Date