

**2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Mar 02, 2005  
Secretary of State**

DOCUMENT# P03000072273

Entity Name: RABBANI CONSULTING INC.

**Current Principal Place of Business:**

10088 HEATHER LAKE CT W  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

3900 UNIVERSITY BLVD. SOUTH  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

10088 HEATHER LAKE CT W  
JACKSONVILLE, FL 32256

**New Mailing Address:**

FEI Number: 13-4256199      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

ASHCHI, MEHDI  
10088 HEATHER LAKE CT W  
JACKSONVILLE, FL 32256    US

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

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

**OFFICERS AND DIRECTORS:**

Title:            DPST            ( ) Delete  
Name:            ASHCHI, MEHDI  
Address:        10088 HEATHER LAKE CT W  
City-St-Zip:    JACKSONVILLE, FL 32256

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

Title:            DPST            (X) Change ( ) Addition  
Name:            WOLFEL, JOHN  
Address:        435 INLAND WAY  
City-St-Zip:    ATLANTIC BEACH, FL 32233

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: JOHN WOLFEL

PDST

03/02/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date