


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-02-2007 90061 032 ***150.00

DOCUMENT # P06000006049

1. Entity Name
RABBIT CORP.



Principal Place of Business Mailing Address
321 SW 136 CT **321 SW 136 CT**
MIAMI, FL 33184 **MIAMI, FL 33184**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
20105 SW 264 ST **20105 SW 264 ST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
HUNTEREAD FL **HUNTEREAD FL**
 Zip Country Zip Country
33031 **USA** **33031** **USA**


 03022007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
01-0869473 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

SOSA, RIGOBERTO
321 SW 136 CT
MIAMI, FL 33184

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:  DATE: **03/29/07**

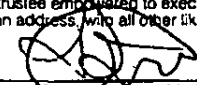
Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when re-issuing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input type="checkbox"/> Delete SOSA, RIGOBERTO 321 SW 136 CT MIAMI, FL 33184	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20105 SW 264 ST HUNTEREAD FL 33031
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
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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 exemptions contained in Chapter 119, 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:  DATE: **03/29/07** **305-986-5805**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #