

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P01000117230**

1. Entity Name  
**RAFAELY'S CORP.**



FILED

08 MAR 12 P.M. 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**8531 SW 21 ST  
MIAMI, FL 33155**

Mailing Address  
**8531 SW 21 ST  
MIAMI, FL 33155**



2. Principal Place of Business - No P.O. Box #  
**1100 SW 104 CT #E103**

3. Mailing Address  
**1100 SW 104 CT  
# E 103**

03112008 Chg-P CR2E034 (12/06)

City & State  
**Miami, Florida.**

City & State  
**Miami, Florida**

4. FEI Number  
**35-2158805**

Applied For  
 Not Applicable

Zip  
**33174**

Country

Zip  
**33174**

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**RAFAELLY, MARIA TERESA**  
**8531 SW 21 ST**  
**MIAMI, FL 33155**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**1100 SW 104 CT # E 103**

City **Miami** FL Zip Code **33174**

8. The above named entity submits the 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: 

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
P	RAFAELLY, MARIA T	8531 SW 21 ST	MIAMI, FL 33155	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

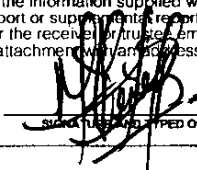
**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	<b>Maria T. Rafaelly</b>	<b>1100 SW 104 CT # E 103</b>	<b>Miami, Fla. 33174</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

000120810220

03/20/08--01009--027 \*\*150.00

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 supporting documents 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: 

Typed or printed name of signing officer or director Date Daytime Phone #

KS