2005 FOR PROFIT CORPORATION

FILED Jul 25, 2005 8:00 am

ANNUAL REPURI					Secretary of State			
DOCUMENT # P04000023715 1. Entity Name R.P.F. ENTERPRISES, INC.							5 90101 043 **	
Principal Place 9373 FOUNT MIAMI, FL 33	AINBLEAU BLVD., #K-203	Mailing Address 9373 FOUNTAINBLEAU BLVD., #K-203 MIAMI, FL 33172				1847 E1811 E1814 E1811 E	5 (705745 <u>5</u>
7040	lace of Business	3. Mailing Address	1/795	15				
Suite, Apt.	//	Suite Apt # elc.	<u> </u>		07212005	Chg-P	CR2E034 (10	····
City & State	11 PL	City & State	FL_		4. FEI Number	07884	14	Applied For Not Applicable
3301	Country 5	230/5	Country	_		of Status Desired	Fee R	5 Additional lequired
	6. Name and Address of Current F	Registered Agent	Name		7. Name and	Address of New	Registered Agent	
FERNANDEZ, RAUL JOSE P 9373 FOUNTAINBLEAU BLVD., #K-203 MIAMI, FL 33172				ddress (P.O. Box Numb	er/is Not Asses tab	ST AC	7/1
			City	IAI	41		FL Z	33715
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or	register	ed agent, or bo	th, in the State of F	lorida. I am familia	r with, and accept
SIGNATURE Squature, media or phritediname of repristered eyent and title if applicable. (NOTE: Registered Agent six					when reinstating)		07/31/	65_
	LE NOWIII FEE IS \$150.00 ue by September 7, 2005	9. Election Campaig Trust Fund Contrib	· -		.00 May Be ed to Fees	corporation die	with s. 607.193(d not receive the	prior notice.
10.	OFFICERS AND I		11.	T	ADDITIONS,	CHANGES TO OF	FICERS AND DIRE	
NAME STREET ADDRESS CITY+ST-ZIP	PD FERNANDEZ, RAUL P 9373 FOUNTAINBLEAU BLVD., # MIAMI, FL 33172	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	70	YO NU	179 51 L 33	#4/1 3015	hange
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRANCO DE PAZ, SILVIA 9373 FOUNTAINBLEAU BLVD., # MIAMI, FL 33172	□ Delete #K-203	TITLE NAME STREET ADDRESS CITY-ST-ZIP	70	40 NU) 179 51 L 330	13/1 15	Change 🖪 Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED RAME OF SIGNING OFFICER OR DIRECTOR