2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 352517

Address:

City-St-Zip:

1111 LINCOLN RD, 4TH FL

MIAMI BEACH, FL 33139

Entity Name: JOSEPH RAFFAELE, CORP.

FILED Mar 04, 2007 Secretary of State

| | | TOWN FALLE, CORN . | | | |
|---|--|----------------------------------|---|--|--|
| Current P | rincipal Place | of Business: | New Principal Place | New Principal Place of Business: | |
| 1111 LINC 4TH FLOC MIAMI BEA | | 9 | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| P.O. BOX MIAMI BEA | 402666 ACH, FL 3314 |) | | | |
| FEI Number | : 59-1271856 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address o | Name and Address of New Registered Agent: | |
| 1111 LINC 4TH FLOC MIAMI BEA | OR ACH, FL 3313: | | ournose of changing its registered | d office or registered agent, or both, | |
| | e of Florida. | submits this statement for the p | purpose of changing its registered | a office of registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| | Electror | ic Signature of Registered Ag | ent | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PIGG,RAFFAE | NRD, 4TH FLOOR | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | DST () WILLIAMS, RA P.O. BOX 4026 MIAMI BEACH, | 66 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | DP () PIGG, JOSEPH | Delete | Title: Name: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: RAFFAELE WILLIAMS DST 03/04/2007