

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 352517

FILED
Mar 23, 2009
Secretary of State

Entity Name: JOSEPH RAFFAELE, CORP.

Current Principal Place of Business:

1111 LINCOLN RD
4TH FLOOR
MIAMI BEACH, FL 33139

New Principal Place of Business:

5825 ALTON ROAD
MIAMI BEACH, FL 33140

Current Mailing Address:

P.O. BOX 402666
MIAMI BEACH, FL 33140

New Mailing Address:

5825 ALTON ROAD
MIAMI BEACH, FL 33140

FEI Number: 59-1271856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, RAFFAELE
1111 LINCOLN RD
4TH FLOOR
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

WILLIAMS, RAFFAELE
5825 ALTON ROAD
MIAMI BEACH, FL 33140 US

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:

03/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: WILLIAMS, RAFFAELE
Address: P.O. BOX 402666
City-St-Zip: MIAMI BEACH, FL 33140

Title: VP () Delete
Name: WILLIAMS, MARIA E
Address: 1111 LINCOLN RD 4TH FL
City-St-Zip: MIAMI BEACH, FL 33139

Title: ST () Delete
Name: WILLIAMS, MICHELLE M
Address: 1111 LINCOLN RD 4TH FL
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WILLIAMS, MARIA E
Address: PO BOX 402666
City-St-Zip: MIAMI BEACH, FL 33140

Title: ST (X) Change () Addition
Name: WILLIAMS, MICHELLE M
Address: PO BOX 402666
City-St-Zip: MIAMI BEACH, FL 33140

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

SIGNATURE: RAFFAELE WILLIAMS

PRES

03/23/2009

Electronic Signature of Signing Officer or Director

Date