


FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90015 012 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 478987 1. Entity Name RAEFEL, INC.					
Principal Place of Business 2748 BIARRITZ CT. PONTE VERDA BEACH, FL 32082			Mailing Address 2748 BIARRITZ CT. PONTE VERDA BEACH, FL 32082		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1647500	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PERMENTER, J. RAY 3275 S.W. FIRST COURT DEERFIELD BEACH, FL 33442				7. Name and Address of New Registered Agent Name <u>J. RAY PERMENTER</u> Street Address (P.O. Box Number is Not Acceptable) <u>2748 BIARRITZ CT.</u> City <u>PONTE VERDA BEACH FL</u> Zip Code <u>32082</u>	
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: <u>J. RAY PERMENTER</u> DATE: <u>4 Feb 08</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PS PERMENTER, J. RAY 2748 BIARRITZ CT. PONTE VERDA BEACH, FL 32082		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT MONTRICHARD, VERNON 2748 BIARRITZ CT. PONTE VERDA BEACH, FL 32082		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>J. RAY PERMENTER</u> DATE: <u>4 Feb 08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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02012008 Chg-P CR2E034 (12/06)