
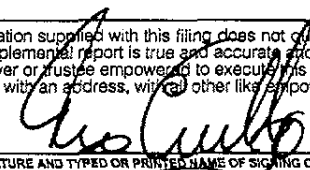


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F99000002558</b> 1. Entity Name RFA INC.		
Principal Place of Business 1000 SAWGRASS CORP PKY SUITE 110 SUNRISE, FL 33323	Mailing Address 1000 SAWGRASS CORP PKY SUITE 110 SUNRISE, FL 33323	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  MERKIN, STEWART A ESQ. 444 BRICKELL AVENUE, SUITE 300 MIAMI, FL 33131		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARSHALL, WILLIAM F 9 VIA TIVOLI PALM BEACH GARDENS, FL 33418	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERMAN, YAACOV PO BOX 88/DIAGONAL ESTACIO DE BOMBEROS CANAS/GUANACASTE/COSTA RICA,	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS MURILLO, FRANCISCO 16746 NW 14 CT PEMBROKE PINES, FL 33028	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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, without other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>1/30/06</u> Daytime Phone # _____



01302006 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0514189	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

1100000442172  
03/04/06-80008-U20 150.00

**DO NOT WRITE  
IN THIS SPACE**