

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # G41462

1. Entity Name
RAFFA ASSOCIATES, INC.



Principal Place of Business
4336 NE 5 AVE.
OAKLAND PARK, FL 33334

Mailing Address
4336 NE 5 AVE.
OAKLAND PARK, FL 33334



04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2301439

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAFFA, JOSEPH W.
4336 NE FIFTH AVENUE
OAKLAND PARK, FL 33334

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

UN00000345414
04/30/05-80035-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RAFFA, JOSEPH W.
STREET ADDRESS	4505 NE 23 AVE
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	DP
NAME	RAFFA, JOSEPH W
STREET ADDRESS	4505 NE 23 AVE
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	VP
NAME	RAFFA, FRANK T.
STREET ADDRESS	714 NORTH VICTORIA PARK RD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	S
NAME	RAFFA, DOROTHY M.
STREET ADDRESS	4505 NE 23 AVE
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	T
NAME	GRAZIANI, MICHAEL J.
STREET ADDRESS	1416 NE 15 AVENUE
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Apr 28, 2005