

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G41462

Entity Name: RAFFA ASSOCIATES, INC.

FILED
Jan 13, 2009
Secretary of State

Current Principal Place of Business:

4336 NE 5 AVE.
OAKLAND PARK, FL 33334

New Principal Place of Business:

Current Mailing Address:

4336 NE 5 AVE.
OAKLAND PARK, FL 33334

New Mailing Address:

FEI Number: 59-2301439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RAFFA, JOSEPH W.,
Address: 4505 NE 23 AVE
City-St-Zip: FT LAUDERDALE, FL

Title: DP () Delete
Name: RAFFA, JOSEPH W.,
Address: 4505 NE 23 AVE
City-St-Zip: FT LAUDERDALE, FL

Title: VP () Delete
Name: RAFFA, FRANK T.
Address: 11448 59TH STREET NORTH
City-St-Zip: WEST PALM BEACH, FL 33411

Title: T () Delete
Name: RAFFA, DOROTHY M.
Address: 4505 NE 23 AVE
City-St-Zip: FT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JOSEPH W. RAFFA

PRES

01/13/2009

Electronic Signature of Signing Officer or Director

Date