


02-03-2006 90014 005 ***158.75

DOCUMENT # J30766 1. Entity Name RAFELU, INC.				02-03-2006 90014 005 ***158.75	
Principal Place of Business C/O 1500 SAN REMO AVENUE SUITE 103 CORAL GABLES, FL 33146		Mailing Address C/O 1500 SAN REMO AVENUE SUITE 103 CORAL GABLES, FL 33146			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. <i>Suite 248</i>		Suite, Apt. #, etc. <i>Suite 248</i>			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
BARED, PABLO R ESQ. C/O BARED AND ASSOCIATES, PA 1500 SAN REMO AVENUE, SUITE 103 CORAL GABLES, FL 33146		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City			
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.		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 _____		DATE _____			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ROMANO, RAFAEL	<i>Suite 248</i>			
STREET ADDRESS	1500 SAN REMO AVE., SUITE 103				
CITY-ST-ZIP	CORAL GABLES, FL 33146				
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MOUSSALI, EVA	<i>Suite 248</i>			
STREET ADDRESS	1500 SAN REMO AVE., SUITE 103				
CITY-ST-ZIP	CORAL GABLES, FL 33146				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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, with all other like empowered.					
SIGNATURE: <i>R. Romano P</i>		Date: <i>1/27/06</i> 3056666010			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date			