

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J46775

FILED  
Jan 06, 2004  
Secretary of State

Entity Name: RAUFEL ENTERPRISES, INC.

**Current Principal Place of Business:**

C/O ALEJANORO A CRESPO  
9260 SW 72ND ST #117  
MIAMI, FL 33173 US

**New Principal Place of Business:**

C/O ALEJANDRO A CRESPO  
9260 SW 72ND ST #117  
MIAMI, FL 33173 US

**Current Mailing Address:**

C/O ALEJANORO A CRESPO  
9260 SW 72ND ST #117  
MIAMI, FL 33173 US

**New Mailing Address:**

C/O ALEJANDRO A CRESPO  
9260 SW 72ND ST #117  
MIAMI, FL 33173 US

FEI Number: 59-2751979

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALEJANDRO A. CRESPO  
9260 SW 72ND STREET  
SUITE #117  
MIAMI, FL 33173 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: DPS ( ) Delete  
Name: MASVIDAL, RAUL F.,  
Address: 250 SW LEJEUNE RD  
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RAUL F. MASVIDAL

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01/06/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date