




# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90246 036 \*\*\*\*61.25

<b>DOCUMENT # N00000002992</b> 1. Entity Name <b>RAQFAM FOUNDATION, INC.</b>			
Principal Place of Business <b>4243 NW 107 AVE STE 100 MIAMI, FL 33178 US</b>		Mailing Address <b>4243 NW 107 AVE STE 100 MIAMI, FL 33178 US</b>	
2. Principal Place of Business <b>7900 NW 3 street</b> Suite, Apt. #, etc. <b>Bld. 14 Apt. 204</b> City & State <b>Pembroke Pines FL</b> Zip <b>33024</b> Country <b>USA</b>		3. Mailing Address <b>7900 NW 3 street</b> Suite, Apt. #, etc. <b>Bld. 14 Apt. 204</b> City & State <b>Pembroke Pines FL</b> Zip <b>33024</b> Country <b>USA</b>	
		<b>50018465</b>  03272006 Chg-NP CR2E037 (11/05)	
		4. FEI Number <b>65-1028534</b> Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SANCHEZ, IRWING 4243 NW 107 AVE #100 MIAMI, FL 33178</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>7900 NW 3 street</b> <b>Bld. 14 Apt. 204</b> City <b>Pembroke Pines</b> <b>FL</b> Zip Code <b>33024</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  <b>Irwing Sanchez - President</b> <b>4-17-06</b> <small>Signature of registered agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD SANCHEZ, IRWING 4243 NW 107 AVE STE 100 MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	TD SANCHEZ, ADALBERTO 4243 NW 107 AVE STE 100 MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	D MARTINEZ, BIELENA 4243 NW 107 AVE STE 100 MIAMI, FL 33178 <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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 617, 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.			
<b>SIGNATURE:</b>  <b>Irwing Sanchez</b> <b>3-27-06</b> <b>786-443-0541</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small> <b>3-27-06</b> <small>Daytime Phone #</small> <b>786-443-0541</b>	