2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2004
Secretary of State

DOCUMENT# P00000060536

Entity Name: RAFEL & ASSOCIATES INC.

Current Principal Place of Business:

2530 MICHIGAN AVENUE
SUITE A
KISSIMMEE, FL 34744

New Principal Place of Business:

2790 MICHIGAN AVE
SUITE 316-318
KISSIMMEE, FL 34744

Current Mailing Address:

2530 MICHIGAN AVENUE
SUITE A
KISSIMMEE, FL 34744

New Mailing Address:

2790 MICHIGAN AVE
SUITE 316-318
KISSIMMEE, FL 34744

FEI Number: 59-3710607 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARISTIZABAL, RAMON
13827 HAWK LAKE DRIVE
ORLANDO, FL 32837 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: PD ( ) Delete
Name: ARISTIZABAL, RAMON G
Address: 13827 HAWK LAKE DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: S ( ) Delete
Name: YEPES, ELKIN
Address: 13827 HAWK LAKE DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: T ( ) Delete
Name: ARISTIZABAL, FERNANDO
Address: 13827 HAWK LAKE DRIVE
City-St-Zip: ORLANDO, FL 32837

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:

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: RAMON ARISTIZABAL PD 03/13/2004
Electronic Signature of Signing Officer or Director — Date