


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90031 031 ***150.00

DOCUMENT # P00000087195					
1. Entity Name RAFAEL BUILDERS, INC.					
Principal Place of Business 129 SOUTH COMMERCE AVE SEBRING, FL 33870			Mailing Address 129 SOUTH COMMERCE AVE SEBRING, FL 33870		
2. Principal Place of Business 1701 SUNRISE DRIVE		3. Mailing Address 551 SOUTH COMMERCE AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SEBRING, FL		City & State SEBRING, FL		4. FEI Number 65-1038368	
Zip 33872		Country HIGHLANDS		Applied For Not Applicable	
Zip 33870		Country HIGHLANDS		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAW OFFICE OF JAMES F. MCCOLLUM, P.A. 129 SOUTH COMMERCE AVE SEBRING, FL 33870			7. Name and Address of New Registered Agent Name: CLIFFORD M. ABLES, III Street Address (P.O. Box Number is Not Acceptable): 551 SOUTH COMMERCE AVENUE City: SEBRING FL Zip Code: 33870		
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: <i>[Signature]</i> DATE: 2-12-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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					
TITLE P NAME RIVERO, RAFAEL STREET ADDRESS 1701 SUNRISE DR CITY-ST-ZIP SEBRING, FL 33872	<input type="checkbox"/> Delete				
TITLE VP NAME RIVERO, GLADYS STREET ADDRESS 1701 SUNRISE DR CITY-ST-ZIP SEBRING, FL 33872	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify 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 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>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 3-4-04 Daytime Phone #: 863-381-7974	