

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # **RAF-PAK INC. P01000043241**
 1. Entity Name
1950 SW 24 TER
MIAMI FL 33145

02 OCT 22 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800008507378
10/22/02--01035--002 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
SAME AS ABOVE
 Suite, Apt #, etc.

3. Mailing Address
SAME AS ABOVE
 Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
56-2290427

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name: **RAFAEL MOREJON**
 Street Address (P.O. Box Number is Not Acceptable):
1950 SW 24 TERRACE
 City: **MIAMI** FL Zip Code: **33145**

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.

SIGNATURE

Signatures, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1: Fee is \$150.00
 After May 1: Fee is \$550.00
 Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RAFAEL MOREJON 1950 SW 24 TER MIAMI FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address with all other officers empowered.

SIGNATURE:

Rafael Morejon
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/02

(786)253-1074
 Date of Filing

10/24/02

CR2E034B (12/01)

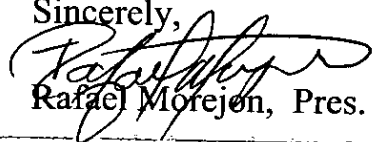
October 17, 2002

Division of Corporations
P.O Box 1500
Tallahassee, FL 32302-1500

Re: Raf-Pak Inc.
Id # 56-2290427

Enclosed please find Uniform Business Report for above corporation, we never received any forms and were no aware of the filing requirements since this was our first year being a corporation; consequently we respectfully request this report filing be accepted.

Sincerely,


Rafael Morejon, Pres.