2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P01000085° RAFX PRINTING, INC.	184			
Principal Place 15976 WEST SUNRISE, FL	' WIND CIRCLE	Mailing Address 15976 WEST WIND CIRCLE SUNRISE, FL 33326			
D	O NOT WRITE	IN THIS SPA	CE	04202005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 58-2647024 Not Applicable	le
	5. Name and Address of Current R	egistered Agent	o received to the second	5. Certificate of Status Desired \$8.75 Additional Fee Required	
15976 WE	JARVIS, BETH ST WIND CIRCLE FL 33326			DO NOT WRITE IN THIS SPACE	
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 Signature, typed or printed name of registered agent and little if applicable. (NOTE, Registered Agent signature required when reinstating) DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	S. Election Campalgn Finar Trust Fund Contribution.		5.00 May Be ided to Fees	
10.	OFFICERS AND D	IRECTORS		000000342151 04/29/05-80044-012 158.75	7
NAME STREET ADDRESS CITY-ST-ZIP	P JARVIS, HAROLD L JR 15976 W WIND CIR SUNRISE, FL 33326	* ·		04/29/05-80044-012 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NADLER-JARVIS, BETH 15976 W WIND CIR SUNRISE, FL 33326	- 1 3 State			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	j
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 tike empowered.					
SIGNATURE: Mond James F. Harold L. Tarvis, Jr. 4-25-05 954-389-3840 SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Dayline Proces					