


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-12-2004 90312 043 ***158.75

DOCUMENT # P01000090441	
1. Entity Name RAFOLS 1 2 3 INC.	

Principal Place of Business 6352 NW 82TH AVE MIAMI, FL 33166	Mailing Address 6352 NW 82TH AVE MIAMI, FL 33166
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94049808

2. Principal Place of Business 185 SE 14 TERRACE	3. Mailing Address 18601 SW 39 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

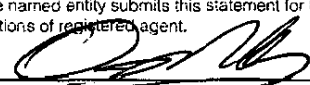


03312004 Chg-P CR2E034 (10/03)

City & State MIAMI, FL	City & State MIRAMAR, FL	4. FEI Number 74-3053146	Applied For <input type="checkbox"/> Not Applicable
Zip 33131	Country USA	Zip 33029	Country USA
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent MAZZA-MARTINEZ, TANIA 782 NW 42ND AVE., SUITE 637 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name RAFOLS, OSCAR Street Address (P.O. Box Number is Not Acceptable) 18601 SW 39 STREET City MIRAMAR FL Zip Code 33029	
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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.

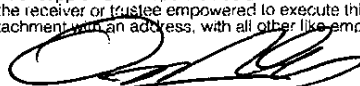
SIGNATURE  DATE **04/07/04**

Signature above is printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAFOLS, OSCAR 12599 SW 28TH CT. MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rafols Oscar President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18601 sw 39 st Miramar, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAFOLS, SERGIO M 12599 SW 28TH CT. MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Rafols, Sergio 18601 sw 39 st Miramar FL 33029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAFOLS, OLGA 12599 SW 28TH CT. MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rafols Olga 18601 sw 39 st Miramar, FL 33029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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:  DATE **04/07/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR