


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000090441 1. Entity Name RAFOLS 1 2 3 INC.	
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Principal Place of Business 185 SE 14 TERRACE MIAMI, FL 33131 US	Mailing Address 18601 SW 39 STREET MIRAMAR, FL 33029 US
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2. Principal Place of Business	3. Mailing Address	03202005 Chg-P CR2E034 (10/03)
Suite, Apt #, etc	Suite, Apt #, etc.	
City & State	City & State	
Zip	Country	Zip
Country	Country	Country

4. FEI Number 74-3053146	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RAFOLS, OSCAR
18601 SW 39 STREET
MIRAMAR, FL 33029

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 _____
Signature, typed or 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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD	
NAME	RAFOLS, OSCAR	
STREET ADDRESS	18601 SW 39 ST	
CITY-ST-ZIP	MIRAMAR, FL 33029	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAFOLS, SERGIO M	
STREET ADDRESS	18601 SW 39 ST	
CITY-ST-ZIP	MIRAMAR, FL 33029	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAFOLS, OLGA	
STREET ADDRESS	18601 SW 39 ST	
CITY-ST-ZIP	MIRAMAR, FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	1100000305994		
NAME	04/14/05-80106-025 150.00		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **3/27/05** DAYTIME PHONE: **3053937905**