

FILED
Jun 30, 2003 8:00 am
Secretary of State

05-19-2003 90223 037 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000007311
 1. Entity Name
RAFFAELLO GRAND STUDIO, INC.



33030100

Principal Place of Business
**9720 NW 91ST CT
 MEDLY FL 33178**

Mailing Address
**9720 NW 91ST CT
 MEDLY FL 33178**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

4. FEL Number
80-0033116

Applied For
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**JACKSON-BLOCK & ASSOCIATES, INC
 1055 W 29TH ST STE 1 2ND FL
 HIALEAH FL 33012**

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 use if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME OPAL, RAJINDAR	STREET ADDRESS 630 WILLOWBANK TR	CITY-ST-ZIP MISSISSAUGA, ONTARIO CANADA	<input type="checkbox"/> Delete
TITLE NAME DS, MANNARA, ANGELO	STREET ADDRESS 89 CARSTEAD CRESNT	CITY-ST-ZIP WOODBIDGE, ONTARIO CANADA	<input type="checkbox"/> Delete
TITLE NAME D, MUKHERJEE, SUNIL	STREET ADDRESS 17300 NW 68TH AVE APT 319	CITY-ST-ZIP MIAMI FL 33015	<input type="checkbox"/> Delete
TITLE NAME D, ILLA, RICHARD C	STREET ADDRESS 1055 W 29TH ST STE 1 2ND FL	CITY-ST-ZIP HIALEAH FL 33012	<input checked="" 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

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: SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SUNIL MUKHERJEE
 Date: **06/11/03**
 Daytona Phone: **786-271-3401**
305-887-9700

CP-20034 (10/02)