## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 27, 2005 08:00 AM Secretary of State DOCUMENT # P02000032567 1. Entity Name RAFA MOBILE UPHOLSTERY, INC. Principal Place of Business Mailing Address 4449 E 9 COURT 4449 E 9 COURT HIALEAH, FL 33013-2429 HIALEAH, FL 33013-2429 01182005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0412423 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MORALES, RAFAEL DO NOT WRITE 4449 E 9 COURT HIALEAH, FL 33013-2429 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 title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE MORALES, RAFAEL MAKE STREET ADDRESS 4449 E 9 COURT CITY-ST-7IP HIALEAH, FL 330132429 U00000333740 04/27/05-80017-004 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP me NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MAKE STREET ADDRESS CITY-ST-ZIP NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I turther 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 charged, or on an atlachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP mr

STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**