

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90041 022 ***150.00

DOCUMENT # P03000021857																																	
1. Entity Name RAFA ADVERTISING CORP.																																	
Principal Place of Business 7339 NW 8 STREET MIAMI, FL 33126			Mailing Address 7339 NW 8 STREET MIAMI, FL 33126																														
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 19321 W. Oakmont Dr.																															
Suite, Apt. #, etc.		Suite, Apt. #, etc.																															
City & State		City & State Miami, Florida		4. FEI Number 51-0401696																													
Zip		Country 33015 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent FAJIN, RAMON 7339 NW 8 STREET MIAMI, FL 33126			7. Name and Address of New Registered Agent Name <u>Fajin, Ramon</u> Street Address (P.O. Box Number is Not Acceptable) <u>19321 W. Oakmont Dr.</u> City <u>Miami</u> <u>FL</u> <u>33015</u>																														
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 <u>RAMON A FAJIN</u> <u>D</u> <u>2/12/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 50%; padding: 2px;"> <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small> </td> <td style="width: 50%; padding: 2px;"> <small>D</small> <input type="checkbox"/> Delete FAJIN, RAMON 7339 NW 8 STREET MIAMI, FL 33126 </td> <td style="width: 50%; padding: 2px;"> <small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small> </td> <td style="width: 50%; padding: 2px;"> <small>D</small> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FAJIN, RAMON 19321 W. OAKMONT DR. 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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 life empowered.																																	
SIGNATURE: <u>RAMON A FAJIN</u> <u>2/12/07</u> <u>305-264-6299</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																	

40020955



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