


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90009 040 ***150.00

DOCUMENT # P03000072433

1. Entity Name
RAFAEL R. KALAF P.A.



Principal Place of Business 201 PICCOLO WAY DAVENPORT, FL 33896 US	Mailing Address 201 PICCOLO WAY DAVENPORT, FL 33896 US
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54056261



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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03232003 Chg-P CR2E034 (10/03)

4. FEI Number **731672305** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent KALAF, RAFAEL R 201 PICCOLO WAY DAVENPORT, FL 33896	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KALAF, RAFAEL R 201 PICCOLO WAY DAVENPORT, FL 33896 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an attachment with an address, when all other are empowered.

SIGNATURE:  **5/28/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

Attachment
#P03000072433

54056261

May 28, 2004
Division of Corporations

To whom it may concern:

The reason of this letter is to extend my apologies due to not being informed of the renewal procedures for the corporations. It is my first time handling a situation like this; I never received a renewal application I know now that I have to pay close attention to my renewal date. Can you please accept the enclosed check for one-hundred and fifty dollars (\$150.00) for my renewal application? Once again please accept my apologies for any inconvenience I have caused. Thank you in advance for your cooperation.

Thank You

Rafael R. Kalaf P.A.
201 Piccolo Way
Davenport Fl, 33896
863-242-1858