


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90066 019 \*\*\*150.00

<b>DOCUMENT # P03000153405</b>					
<b>1. Entity Name</b> RAPHAEL FASHIONS, INC.					
<b>Principal Place of Business</b> 10092 NW 53RD ST SUNRISE, FL 33351-8075			<b>Mailing Address</b> 10092 NW 53RD ST SUNRISE, FL 33351-8075		
<b>2. Principal Place of Business</b> 5501 NOB HILL ROAD		<b>3. Mailing Address</b> 5501 NOB HILL ROAD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> SUNRISE, FL		<b>City &amp; State</b> SUNRISE, FL			
<b>Zip</b> 33351		<b>Country</b> US		<b>4. FEI Number</b> 20-0543794	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> HOLSTEIN, GERALD K 8320 W SUNRISE BLVD, STE 203 PLANTATION, FL 33322			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
<b>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.</b>					
SIGNATURE: <i>[Signature]</i> <span style="float: right;">1/11/06</span> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P <b>NAME</b> SHABTAI, RAPHAEL <b>STREET ADDRESS</b> 10092 NW 53RD ST <b>CITY-ST-ZIP</b> SUNRISE, FL 333518075	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> 5501 NOB HILL RD <b>STREET ADDRESS</b> SUNRISE FL 33351 <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> SHABTAI, DALIA <b>STREET ADDRESS</b> 10092 NW 53RD ST <b>CITY-ST-ZIP</b> SUNRISE, FL 333518075	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> 5501 NOB HILL RD <b>STREET ADDRESS</b> SUNRISE, FL 33351 <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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 like empowered.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i> <span style="float: right;">RAPHAEL SHABTAI, 1/11/06 (954) 76-8000</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					