

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 09, 2005 8:00 am**  
**Secretary of State**

07-28-2005 90006 032 \*\*\*150.00

<b>DOCUMENT # P04000102912</b> 1. Entity Name <b>CONSULTING SERVICES BY R.A.F. INC</b>					
Principal Place of Business <b>6400 N ANDREWS AVE FT LAUDERDALE, FL 33309</b>			Mailing Address <b>17682 SEALAKES DRIVE BOCA RATON, FL 33498</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07252005    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>20-1346565</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BUDNER, MORDECAI 17682 SEALAKES DR BOCA RATON, FL 33498</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if appropriate (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P FISLER, ROBERT A 2232 CYPRESS BEND DR #104 POMPANO BEACH, FL 33069</b> <input type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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.					
<b>SIGNATURE:</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		

**ATTACHMENT**

*06037152*  
BUDNER & ASSOCIATES INC.  
17682 SEALAKES DRIVE  
BOCA RATON, FL 33498  
TEL (561) 482-3499  
FAX (561) 482-0356

July 25, 2005

Division of Corporations  
PO Box 1500  
Tallahassee, Fl 32303-1500

Gentleman:

Re:  
Annual Report form  
Consulting Services By R.A.F.  
PO4000102912  
GS Consulting Group Inc.  
PO3000139225  
Kimjim Inc  
L76929


We are the accountants for the three corporations named above.

They have forwarded to us the three card showing notice of intent to dissolve.

Please be advised that the three corporations never received the original notice that was due in May of 2005.

We are enclosing the form and check for 150.00 for each of them and ask that you accept the returns as being filed timely.

Very truly yours,

  
Budner & Associates Inc.  
MORDECAI BUDNER