2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address

SIGNATURE AND TYPER OF PR

SIGNATURE:

FILED DOCUMENT # P04000104054 Jan 31, 2006 08:00 AN 1. Entity Name **Secretary of State** RAFI HOLDING CORPORATION Principal Place of Business Mailing Address 1428 S.E. 4TH AVE., #B-112 1428 S.E. 4TH AVE., #B-112 DEERFIELD FL 33441 DEERFIELD FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 47-0943183 Not Applicat Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ERMANOV, RAFAIL Street Address (P.O. Box Number is Not Acceptable) 1428 S.E. 4TH AVE., #B-112 DEERFIELD FL 33441 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8 After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE ☐ Change ☐ Addition TITLE U00000409502 ^{Ll Change} 02/08/06-80102-002 150.00 NAME ERMANOV, RAFAIL MAME STREET ADDRESS 1428 S.E. 4TH AVE., #B-112 STREET ADDRESS CITY-ST-ZIP DEERFIELD FL 33441 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Adda: NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete Change Addition Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete THILE TITLE Change Change Adding NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE Arigilia Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP HILE ☐ Delete TITLE ☐ Addire Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receiver or trustee empower g does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11

other like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytimo Phone #