


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000104054</b> 1. Entity Name RAFI HOLDING CORPORATION	
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Principal Place of Business 1428 S.E. 4TH AVE., #B-112 DEERFIELD, FL 33441	Mailing Address 1428 S.E. 4TH AVE., #B-112 DEERFIELD, FL 33441
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**DO NOT WRITE IN THIS SPACE**



01182008 No Chg-P CR2E034 (11/05)

4. FEI Number 47-0943183	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ERMANOV, RAFAIL  
1428 S.E. 4TH AVE., #B-112  
DEERFIELD, FL 33441

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

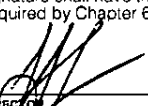
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000826069 02/21/08-80035-002 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ERMANOV, RAFAIL 1428 S.E. 4TH AVE., #B-112 DEERFIELD, FL 33441
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IN THIS SPACE**

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.

**SIGNATURE:** RAFAIL ERMANOV  2-10-08 (951)234-7453

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