



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90153 021 \*\*\*150.00

<b>DOCUMENT # P04000108327</b> 1. Entity Name <b>RAF INTERNATIONAL, INC.</b>					
Principal Place of Business <b>36 NE 1ST SUITE 1042 MIAMI, FL 33132</b>			Mailing Address <b>36 NE 1ST SUITE 1042 MIAMI, FL 33132</b>		
2. Principal Place of Business <b>36 NE 1 STREET</b> Suite, Apt. #, etc. <b># 1040</b> City & State <b>MIAMI FL</b> Zip <b>33132</b> Country <b>USA</b>		3. Mailing Address <b>36 NE 1 STREET</b> Suite, Apt. #, etc. <b># 1040</b> City & State <b>MIAMI FL</b> Zip <b>33132</b> Country <b>USA</b>			
4. FEI Number <b>770651898</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04082005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>BARAK, ALEX T 4601 SHERIDIAN ST SUITE 206 HOLLYWOOD, FL 33021</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <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>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FRANCO, RAFI</b> <b>36 NE 1ST SUITE 1042</b> <b>MIAMI, FL 33132</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P FRANCO, RAFI</b> <b>36 NE 1 STREET #1040</b> <b>MIAMI FL 33132</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SAFFATI AVNER</b> <b>20615 NE 22 AV.</b> <b>N. MIAMI BCH. FL 33180</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T FRANCO ADRIEN</b> <b>36 NE 1 STREET #1040</b> <b>MIAMI FL 33132</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S FREIDY SAFFATI</b> <b>20615 NE 22 AV.</b> <b>N. MIAMI BCH. FL 33180</b>	
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	
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: <i>RAF</i> RAFI FRANCO</b>			<b>04/07/05 (305)3584700</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		