


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 22, 2007 8:00 am
Secretary of State

08-22-2007 90022 030 ***150.00

DOCUMENT # P04000157032	
1. Entity Name RAFAEL 21726 CORP.	

Principal Place of Business 21726 ARBIBA REAL, BLDG. 35-A BOCA LARGO BOCA RATON FL 33433	Mailing Address 40 PAMELA LANE STATEN ISLAND STATEN ISLAND NY 10-304Z
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE CR2E034 (4/07)

4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BADACH, FRANK J 6070 NORTH FEDERAL HWY. SUITE 110 BOCA RATON FL 33487		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P O Box Number is Not Acceptable)	
		City	
		FL 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	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State	S 607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 	DATE: Aug 13, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

ATTACHMENT

40129860

Jeanette Rizzo

40 Pamela Lane
Staten Island
New York 10304-4437

1 718 818 9096

Aug 13, 2007

Fl. Dept of State

Re: Annual Report

Doc P 04000157032

Dear Sir:

Please be advised that I did not
receive the Notice to file in time,
I only received the "Notice of
Intent to Dissolve." I then called
AND had the enclosed form mailed
to me

Sincerely,

Jeanette Rizzo

P.S. also find enclosed cb for \$150⁰⁰