

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90054 006 ***150.00

DOCUMENT # P05000121658 1. Entity Name RAPHA HEALTH NETWORK INTERNATIONAL INC			
Principal Place of Business 8180 NW 36 STREET SUITE 420 MIAMI, FL 33166		Mailing Address 8180 NW 36 STREET SUITE 420 MIAMI, FL 33166	
2. Principal Place of Business - No P.O. Box # 3410 NW 91 St Suite/Apt. #, etc. 145		3. Mailing Address Suite, Apt. #, etc. 	
City & State Gainesville		City & State 	
Zip 32606 FL		Country USA	
4. FEI Number 20-8549742 NOT 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 GUZMAN, ALBERTO 8180 NW 36 STREET SUITE 420 MIAMI, FL 33166		7. Name and Address of New Registered Agent Name ALBERTO GUZMAN Street Address (P.O. Box Number is Not Acceptable) 3410 NW 91 Street N145 City GAINESVILLE FL Zip Code 32606	
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 applicable.</small>		(NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUZMAN, ALBERTO C 301 RAQUET CLUB RD WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBERTO C GUZMAN 3410 NW 91 St No 145 GAINESVILLE, FL 32606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 03/02/2007 Daytime Phone # 352-2245364	