

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000121658

FILED  
May 02, 2009  
Secretary of State

Entity Name: RAPHA HEALTH NETWORK INTERNATIONAL INC

## Current Principal Place of Business:

4551 NW 49ST  
107  
GAINESVILLE, FL 32606

## New Principal Place of Business:

3310 NW 91 ST NO 5A  
SUITE 5A  
GAINESVILLE, FL 32606

## Current Mailing Address:

4551 NW 49ST  
107  
GAINESVILLE, FL 32606

## New Mailing Address:

3310 NW 91 ST NO 5A  
SUITE 5A  
GAINESVILLE, FL 32606

FEI Number: 20-8549749

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GUZMAN, ALBERTO  
3410 NW 91 STREET N 145  
GAINESVILLE, FL 32606 US

## Name and Address of New Registered Agent:

GUZMAN, ALBERTO  
3310 NW 91 STREET N 5A  
SUITE 5A  
GAINESVILLE, FL 32606 US

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.

SIGNATURE:

05/02/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GUZMAN, ALBERTO C  
Address: 3410 NW 91 ST NO 145  
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Delete  
Name: GUZMAN, DURNES  
Address: 3410 NW 91 ST NO 145  
City-St-Zip: GAINESVILLE, FL 32606

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: GUZMAN, ALBERTO C  
Address: 3310 NW 91 ST NO 5A  
City-St-Zip: GAINESVILLE, FL 32606

Title: D (X) Change ( ) Addition  
Name: GUZMAN, DURNES  
Address: 3310 NW 91 ST NO 5A  
City-St-Zip: GAINESVILLE, FL 32606

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERTO GUZMAN

PRES

05/02/2009

Electronic Signature of Signing Officer or Director

Date