

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000019659

Entity Name: RAFAEL BOBCAT SERVICE, INC

FILED  
Jun 07, 2009  
Secretary of State

**Current Principal Place of Business:**

14464 SW 297 TERRACE  
HOMESTEAD, FL 33033

**New Principal Place of Business:**

**Current Mailing Address:**

14464 SW 297 TERRACE  
HOMESTEAD, FL 33033

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ORTA, RAFAEL  
14464 SW 297 TERRACE  
HOMESTEAD, FL 33033    US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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:                      P                      ( ) Delete  
Name:                      ORTA, RAFAEL SR.  
Address:                      14464 SW 297 TERRACE  
City-St-Zip:                      HOMESTEAD, FL 33033 US

Title:                      S                      ( ) Delete  
Name:                      ORTA, JULIA  
Address:                      14464 SW 297 TEERACE  
City-St-Zip:                      HOMESTEAD, FL 33033 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:                      \_\_\_\_\_  
Address:                      \_\_\_\_\_  
City-St-Zip:                      \_\_\_\_\_

Title:                      ( ) Change ( ) Addition  
Name:                      \_\_\_\_\_  
Address:                      \_\_\_\_\_  
City-St-Zip:                      \_\_\_\_\_

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: RAFAEL ORTA

P

06/07/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date