DOCUMENT # PO6 000 053 006			FILED 08 JUN 12 PM 1:45		
Rafbae (brogation		اراد	LLANT OF S MHASSEE, FL	TATE
Principal Place of Business	Mailing Address				
2. Principal Place of Business 70000 43 PL Suite, Apt. #, etc.	3. Mailing Address 706 W 4 Suite, Apt. #, etc.	JPL	REINCT 01172006 Chg-P	ATEMEN'	T 07-
City & State / Prolean F1	Fl Gity & State Appleab, Fl		4. FEI Number Applie 20 - 4839351 Not Ap		
Zip Country 33010 U.S		ountry W	5. Certificate of Status De	eirad D \$	8.75 Addition
6. Name and Address of Current Registered Agent Name			7. Name and Address of	ا نسر	
		EUO Street Address	/ S K DSG d c [P.O. Box Number is Not Acc		<u> </u>
•		706	w 43		
		City H	leah	FL	Zip Code
The above named entity submits this statementhe obligations of registered agent.	t for the purpose of changing its regi-	stered office or registe	<u> </u>	te of Florida. I am la	miliar with, and
SIGNATURE COMOS KCE	pent and little if applicable. (NOTE: Regu	slared Agent signature require			

Zip Code **330/**3 niliar with, and accept DIRECTORS IN 11 Fresidant DIRECTORS

Fresidant Directors

Garzon Rafael

1000 Hillcrest Ct # 204

Hally Cooca F 1 33001

VIS Directors President Rosado Colon Eunis 706 W 43 PL Haleah, Fl 330 ja Change 🔀 Detete ■ Addition NAME STREET ADDRESS STREET ADORESS CITY-S1-ZIP CITY-ST-ZIP Change TITLE TITLE Addition 700131283: 06/13/08--01028--010 Garzon Bernice 1000 Hillicrest Ct # 204 Hollywood F-1 33001 NAME NAME **300.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CULY - ST - ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby cartily 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: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/08

Daylime Phone #

Applied For Not Applicable

ATTACHMENT

RAFBERE CORPORATION 706 W 43 PLACE HIALEAH, FL 33012

June 05, 2008

To Whom It May Concern:

This is a brief letter stating that I did not receive any postcard or notice Reminding me of the Uniform Business Report of my company Rafbere Corporation with Document # P06000053006. Along with this Business Report for the years of 2007, 2008.

If you need further assistance please feel free to contact us. Thank you In advance for your help.

Sincerely,

Eunis Rosado Colon