

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000102391

Entity Name: RAPHAEL R. NOLASCO INC.

FILED  
Mar 15, 2008  
Secretary of State

## Current Principal Place of Business:

16499 NE 19TH AVE  
MIAMI, FL 33162

## New Principal Place of Business:

15295 SOUTH RIVER DRIVE  
MIAMI, FL 33169

## Current Mailing Address:

16499 NE 19TH AVE  
MIAMI, FL 33162

## New Mailing Address:

15295 SOUTH RIVER DRIVE  
MIAMI, FL 33169

FEI Number: 26-1087350

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ROBERT J GARDENER INC  
420 US HWY 1  
STE20  
NORTH PALM BEACH, FL 33408 US

## Name and Address of New Registered Agent:

NOLASCO, RAFAEL A PTSD  
16499 N.E. 19TH AVENUE  
SUITE 106  
NORTH MIAMI BEACH, FL 33162 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: RAFAEL A. NOLASCO

03/15/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: NOLASCO, RAPHAEL R  
Address: 15295 S BISCAYNE RIVER DR.  
City-St-Zip: MIAMI, FL 33169

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition  
Name: NOLASCO, RAFAEL A PTSD  
Address: 15295 SOUTH BISCAYNE RIVER DR.  
City-St-Zip: MIAMI, FL 33169

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 A. NOLASCO

PTSD

03/15/2008

Electronic Signature of Signing Officer or Director

Date