2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# P07000102391

Entity Name: RAPHAEL R. NOLASCO INC.

Current Principal Place of Business:

15295 SOUTH RIVER DRIVE
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

15295 SOUTH RIVER DRIVE
MIAMI, FL 33169

New Mailing Address:

FEI Number: 26-1087350 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

NOLASCO, RAFAEL A PTSD
15295 SOUTH RIVER DRIVE
MIAMI, FL 33169 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 NOLASCO 04/07/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SC ( ) Change (X) Addition
Name: NOLASCO, CELIA R SC
Address: 15295 SOUTH RIVER DR.
City-St-Zip: MIAMI, FL 33169

Title: TR ( ) Change (X) Addition
Name: NOLASCO, CHANTALE TR
Address: 15295 SOUTH 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 NOLASCO PT 04/07/2009
Electronic Signature of Signing Officer or Director Date