


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P19759</b> 1. Entity Name RAFAGA, INC.		
Principal Place of Business 1600 S. BAYSHORE LN., UNIT 6-A MIAMI, FL 33133	Mailing Address POBA INTL #272 P. O. BOX 02-5255 MIAMI, FL 33102 US	

**DO NOT WRITE IN THIS SPACE**

01282005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-1773169	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

BERNSTEIN, ROGER M.  
69 MERRICK WAY, S-201  
CORAL GABLES, FL

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DREW-BEAR, CONSTANCE 69 MERRICK WAY #201 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DREW-BEAR, THOMAS N 69 MERRICK WAY #201 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DREW-BEAR, TOM 69 MERRICK WAY #201 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DREW-BEAR, JOHN RAYMOND 1600 S BAYSHORE LN #6A MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000218521  
02/07/05-80066-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

ST  
Tom DREW-BEAR

Date

1/31/05

Daytime Phone #