

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2003 8:00 am
Secretary of State

08-20-2003 90051 007 ***550.00

0130579 AT

DOCUMENT # P19759

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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1773169**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	DREW-BEAR, CONSTANCE	69 MERRICK WAY #201	CORAL GABLES FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	DREW-BEAR, THOMAS N	69 MERRICK WAY #201	CORAL GABLES FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
ST	DREW-BEAR, TOM	69 MERRICK WAY #201	CORAL GABLES FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
AS	DREW-BEAR, JOHN RAYMOND	1600 S BAYSHORE LN #6A	MIAMI FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RENEW - BEAR ST 8/4/03 305-860-1666

Date

Daytime Phone #

CR2E034 (4/03)