2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 17, 2006 08:00 AM DOCUMENT # P94000061631 **Secretary of State** 1. Entity Name RAUFSON, INC. Principal Place of Business Mailing Address 6800 SW 40TH STREET 6800 SW 40TH STREET STE 292 STE 292 MIAMI, FL 33155 MIAMI, FL 33155 01092006 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE Applied Fü 4. FEI Number 65-0520077 Not Aggiic **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RODRIGUEZ, RALPH DO NOT WRITE 6800 SW 40TH STREET STE 292 MIAMI, FL 33155 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 1100000387133 Trust Fund Contribution, __ _ _ _ Added to Fees 01/19/06-80026-018 150.00 OFFICERS AND DIRECTORS 10. TITLE NAME RODRIGUEZ, RALPH 6800 SW 40TH STREET STE 292 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP 2)TLE NAME STREET ADDRESS CITY-ST-71P TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify 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 directly 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 changed, or on an attachment with an address, with all other like empowered. 305 / 661-4844 SIGNATURE:

RMPH RODRIEVEZ, PAGS.

Daytime Phone #