FILED
Apr 11, 2006 8:00 am
Secretary of State
04-11-2006 90256 001 ***150.00
04-11-2006 90256 002 *****8.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000031342

1. Entity Name
ST. RAPHAEL ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

66009567

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1834 - 61st AVE No.	6931 - 3RD ST No.
Suite, Apt. #, TOWN PLAZA	Suite, Apt. #, etc.
City & State: ST PETERSBURG, FLA.	City & State: ST PETERSBURG
Zip: 33714 Country: PINELLAS	Zip: 33702 Country: PINELLAS

4. FEI Number 59-3325885 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: WILLIAM D. SLICKER Atty
Street Address (P.O. Box Number is Not Acceptable): 447 - 3RD AVE N. # 405
City: ST PETERSBURG FL Zip Code 33701

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

Field	Officer	Field	Officer
TITLE	PRESIDENT	TITLE	
NAME	MAX ST. RAPHAEL	NAME	
STREET ADDRESS	6931 - 3RD ST No.	STREET ADDRESS	
CITY-ST-ZIP	St PETERSBURG, FLA. 33702	CITY-ST-ZIP	
TITLE	VICE PRESIDENT	TITLE	
NAME	POLLY ST RAPHAEL	NAME	
STREET ADDRESS	6931 - 3RD ST N.	STREET ADDRESS	
CITY-ST-ZIP	St PETERSBURG, FLA 33702	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Max St Raphael / MAX ST. RAPHAEL 4-06-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #