2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000044808 1. Entity Name RAFF ENTERPRISES, INC.



Principal Place of Business 2140 10TH AVE VERO BEACH, FL 32960

Mailing Address 2140 10TH AVE VERO BEACH, FL 32960

CR2E034 (10/03)

Applied For

\$8.75 Additional

Fee Required

Not Applicable

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RAFF, STEPHEN J 916 BEACHCOMBER LANE VERO BEACH, FL 32963

4. FEI Number 65-0593293

5. Certificate of Status Desired

No Chg-P

01112005

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.

FILE NOWITI FEE IS \$150.00 Status Fund Contribution Tal OFFICERS AND DIRECTORS TILE PSD NAME RAFF, STEPHEN J Singer Access JIO UD00000330282 OFFICERS AND DIRECTORS U000000330282 DIRE MORESS U000000330282 OFFICERS AND DIRECTORS U000000330282 DIRE MORESS OFFICERS AND DIRECTORS U000000330282 OUTO WERO BEACH, FL U000000330282 Odd // 25//05-80154-005 150.00 MME RAFF, KEELY A STREMADRES DO NOT WRITE ITILE MME STREMADRESS DO NOT WRITE DO NOT WRITE ITILE MME STREMADRESS OT ONCH WRITE INTHIS SPACE ITILE MME STREMADRESS OT ONCH	SIGNATURE	nature typed or printed name of registered agent and title if	applicable (NOTE Registered A	gent signatur	e required when reinstating)	DATE
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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 rue 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 employeered 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 all other like empowered.	NAME STREET ADDRESS					
SIGNATURE: Alera 18 STEPhen J KAPP 9-22-05 772-710-9	indicated or of the corpo changed, or	I this report or supplemental report is rule a ration or the receiver or fustee emotivered on an attachment with an address with all	ing does not qualify for the exemp nd accurate and that my signatur to execute this report as required other like empowered.	otion state e shall ha d by Chap Pal	id in Section 119.07(3) ve the same legal effe oter 607, Florida Statut	(i), Florida Statutes. I further certify that the information ict as if made under oath; that I am an officer or director les; and that my name appears in Block 10 or Block 11 if U-22-05 712-176-41

FILED Apr 25, 2005 08:00 b Secretary of State

