

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90205 016 ***150.00

40055661



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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0593293	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RAFF, STEPHEN J 916 BEACHCOMBER LANE VERO BEACH, FL 32963				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PSD RAFF, STEPHEN J 916 BEACHCOMBER LN VERO BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD RAFF, KEELY A 916 BEACHCOMBER LN VERO BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
12. I hereby 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 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: <i>Stephen J. Raff</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

ATTACHMENT

40055661

CHRISTOPHER P. TOMPKINS, P.A.
CERTIFIED PUBLIC ACCOUNTANT

#P95000044808

641 17TH STREET, SUITE 300
VERO BEACH, FLORIDA 32960
TEL (772) 569-5762
FAX (772)-567-5990

**THESE ARE YOUR INSTRUCTIONS FOR YOUR
2005 PROFIT CORPORATION ANNUAL REPORT**

PAYER: *Raff Enterprises*

DUE DATE: Mail prior to MAY 1, 2006

SIGNATURE: The report should be signed by an Officer of the Corporation where indicated.

AMOUNT DUE: \$150.00 made payable to Florida Department of State.

MAILING INSTRUCTIONS: The report should be mailed with the remittance to:

Division of Corporations
PO Box 6198
Tallahassee, FL 32314

OR

DIVISION OF CORPORATIONS
PO BOX 1500
TALLAHASSEE, FL 32302-1500