FOR PROFIT CORPORATION

FILED Aug 08, 2002 8:00 am

DOCUMENT # P990000 2269 1. Entity Name RAFFA CORP	Secretary of State 08-08-2002 90092 002 ***150.00	Secretary of State 08-08-2002 90092 002 ***150.00	
DO NOT WRITE IN THIS	SPACE		
2. Principal Place of Business 19272 5 W 176 TERRACE 19272 Suite, Apt. #, etc. 3. Mailing Address 19272 Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE		
City & State MIAMI, FLORIDA Zip Zip Country Country USA Zip Zip Zip Zip Zip Zip Zip Zi	FLORIDA 4. FEI Number 65-0902440 Not Applied Form Not Applied Status Desired 5. Certificate of Status Desired Fee Required		
00111 004 0011	7. Name and Address of Current Registered Agent		
	Name		
DO NOT WRITE IN THIS SPACE	Street Address (P.O. Box Number is Not Acceptable) 14272 Sw 176 TCMACL		
	City Miani FL Zip Code 33177)	
Tax filing requirement and elects to do so. After Ame	(NOTE: Registered Agent signature required when reinstating) I - May 1 Fee is \$150.00 May 1, Fee is \$550.00 nded UBR is \$61.25 ayable to Department of State		
11. OFFICERS AND DIRECTORS			
TITLE PD PELAEZ, MARIA VAME PELAEZ, MARIA STREET ADDRESS 14272 SW 176 TERRACE	TITLE NAME STREET ADDRESS		
MIAM, FL, 33177	City-St-ZIP		
NAME PELAEZ, MANUEL STREET ADDRESS 14272 SW 176 TENNA CU CITY-ST-ZIP HLANI, FL, 33177	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE	S	
NAME STREET ADDRESS	IN THIS SPACE STREET ADDRESS OTHER OF THE		
CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		

13. 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 flue 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/02 305-382-4415

Attachment

RAFFA CORP.

14272 S.W. 176 Terrace Miami, Florida, 33177 (305)382-4415

Miami, August 5th, 2002

Division of Corporation P.O. Box 1500

Tallahassee, Fl 32302-1500=

Ref: Document #P99000022640

This note is to inform that I never receive any form to fill the UBR.

When I made the Reinstatement on 2001 I over look the change of address this is my second year in this address.

Due to slow business I was forced to move and work from home and I forgot to inform your department about this change

Now that I came to the accountant to fill the quarterly sales tax he inform me that I am late in this renovation

Please take note of the new address:

RAFFA CORP. 14272 S.W. 176 Terrace Miami, Florida, 33177 (305)382-4415

Please accept my payment and lateness.

President