2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P9900062148 1. Entity Name							Mar 10, 2004 08:00 AM Secretary of State				
RAFMAR ENTERPRISES, INC.							7				
Principal Place of Business Mailing Address											
5703 RED BUG LAKE ROAD 5703 RED BUG LAKE ROAD							1				
PMB 102				PMB 102				•			
WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708											
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				MOORE CR2EC	34 (1	1/03)	
City & Stat	(e		City	City & State			4.	FEI Number 59-3592273			plied For r Applicable
Zip	Country				try	5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent								Name and Address of New Register	ed Age	nt	
						Name					
GUILIANO, VINCENZO 5732 CANTON COVE WINTER SPRINGS FL 32708						Street Address	s (P.O. 8	(P.O. Box Number is Not Acceptable)			
						City		₹ Zip Code			
XNIA.						·			<u> </u>	<u> </u>	
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. If am familiar with, and accept the obligations of registered agent.											
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signal							end when s		-6-4	404	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Financing Trust Fund Contribution.			0 May Be I to Fees
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NAME	GIULIANO, VINCENZO					NAME					
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12. I hereby: indicated of the co- changed	certily that the fon this reportion or the or on an atte	e information supplied v rt or supplemental repoi he receiver or trustee er achment with an addres	vith this filing rt is true and npowered to is, with all of	does not qualify to accurate and that re execute this report her like empowered	r the exe ny signa as requi	mption stated in ture shall have th red by Chapter 6	Section e same 107, Flor	119.07(3)(i), Florida Statutes. I further legal effect as if made under oath; the ida Statutes; and that my name appear	certify that it am a tris in Blo	hat the in in officer ock 10 or	nlormation or director r Block 11 if

SIGNATURE: 4076990282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Deather Prome #

FILED