2004 FOR PROFIT CORPORATION

Apr 29, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P99000085788 04-29-2004 90288 024 ***158.75 RAFFINATI, INC. 14011070 Principal Place of Business Mailing Address 3200 TAMIAMI TRAIL N 3200 TAMIAMI TRAIL N SUITE 200 SUITE 200 NAPLES, FL 34103 NAPLES, FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3608742 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nama WOODWARD, MARK J 3200 TAMIAMI TRAIL N Street Address (P.O. Box Number is Not Acceptable) **STE 200** NAPLES, FL 34103 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE ☐ Change Addition FERRAO, AUBREY J NAME NAME STREET ADDRESS 3470 CLUB CENTER BLVD STREET ADDRESS NAPLES, FL 34114 CITY - ST - ZIP CITY - ST - 7/P VPD TITLE ☐ Delete ☐ Change ☐ Addition PARISI, JOSEPH L NAME NAME STREET ADDRESS 3470 CLUB CENTER BLVD STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34114 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME PARISI, JOSEPH L NAME 3470 CLUB CENTER BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34114 CITY - ST - ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition WOODWARD, MARK J NAME NAME STREET ADORESS 3200 TAMIAMI TRAIL N. #200 STREET ADDRESS

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY ST-7IP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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NAME

CITY-ST-ZIE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

NAPLES, FL 34103

DINARDO, ANTHONY

NAPLES, FL 34114

3470 CLUB CENTER BLVD

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Joseph Livio Parisi, Director

Delete

☐ Delete

4/15/04

(239) 732 - 9400

Date

Change

Change

Addition

☐ Addition

FILED