## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 28, 2005 08:00 AM Secretary of State DOCUMENT # P99000085788 1. Entity Name RAFFINATI, INC. 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. 01112005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3608742 Not Applicable Zıp Country Zip 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 Name WOODWARD, MARK J Street Address (P.O. Box Number is Not Acceptable) 3200 TAMIAMI TRAIL N **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 fitte if applicable, (NOTE Registered Agent signature inquired when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE FERRAO, AUBREY J NAME NAME 3470 CLUB CENTER BLVD STREET ADDRESS STREET ADDRESS CITY - ST - ZIP NAPLES, FL 34114 CITY - ST-21P VPD TITLE Delete TITLE ☐ Change Addition PARISI, JOSEPH L. NAME MARKE STREET ADDRESS 3470 CLUB CENTER BLVD STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34114 CITY-ST-ZIP SD TITLE ☐ Delete TITLE Change Addition WOODWARD, MARK J NAME 3200 TAMIAMI TRAIL N. #200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34103 CITY-ST-ZIP TITLE TD Delete TITLE ☐ Change ☐ Addition DINARDO, ANTHONY NAME NAME STREET ADDRESS 3470 CLUB CENTER BLVD STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34114 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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.

FILED