2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: __

FILED Apr 10, 2007 8:00 am Secretary of State 04-10-2007 90020 005 ***150.00

DOCUN 1. Entity Name RAFFINA					04-10-200	7 90020	003 ***13	.00			
Principal Place 3200 TAMIAN SUITE 200 NAPLES, FL	MI TRAIL N	\$	Mailing Address 3200 TAMIAMI TRAIL N SUITE 200 NAPLES, FL 34103								
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01052007	Chg-P	CR2E	034 (12/06)	
City & State			City & State				4. FEI Numb 59-360	-		<u> </u>	plied For t Applicable
Zip	Country		Zip Coun		у	5. Certificate of Status Desired \$8.75 Additional Fee Required				itional d	
6. Name and Address of Current Registered Agent					Name		7. Name and	d Address of New I	Registered	Agent	
WOODWA 3200 TAMI STE 200 NAPLES, F	AMİ TRAI	IL N		Street Add	ress (I	P.O. Box Numb	per is Not Acceptabl	le)			
13.1.226,1.2.01.35					City				FL	Zip Code	9
	ions of regist		the purpose of changing its and site if applicable. (NOTE			_	red agent, or bo	nth, in the State of Fl	Porida. I am	familiar with,	and accept
		FEE IS \$150.00 7 Fee will be \$550.0			cing		.00 May Be led to Fees	:			
10.	PD	OFFICERS AND	Delete	11.			ADDITIONS	/CHANGES TO OF	FICERS AN	D DIRECTORS AX Change	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FERRAO, 3470 CLU	, AUBREY J JB CENTER BLVD FL 34114	E Deléte	NAME			66 Fiddl oles, FL	er's Creek 34144	k Park		
TITLE	VPD	IOSEPH L	☐ Delete	TITLE						XX Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	3470 CLU	JB CENTER BLVD FL 34114			T ADDRESS		66 Fiddl les, FL	er's Creek 34114	c Park	way	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3200 TAN	ARD, MARK J MAMI TRAIL N. #200 FL 34103	☐ Delete	THILE NAME STREET CITY-S	T ADDRESS					☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	3470 CLL	D, ANTHONY JB CENTER BLVD FL 34114	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS		66 Fiddl Oles, FL	er's Creek 34114	c Park	(IXI Change way	☐ Addition ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Deiele	TITLE NAME STREET CITY-S	T ADDRESS	<u></u>				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u></u>	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS		4111			Change	Addition
12. I hereby of indicated of the corchanged.	certify that the lon this report to or an attention or the correction of the correct	ie information supplied with int or supplemental report is the receiver or trustee empr achment with an address, t	this filing does not qualify to strue and accurate and that nowered to execute this report with all other-like empowered.	or the exer my signatu as require	ed by Chapt	ter 60	d in Chapter 11 same legal effe 7, Florida Statul	19, Florida Statutes, ect as if made under tes; and that my nar	me appears	rtily that the in am an officer in Block 10 o	nformation or director r Block 11 if

2/1/07

REAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOSEPH LIVIO Parisi

(239) 732-9400

Date