

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000085788

1. Entity Name
RAFFINATI, INC.



Principal Place of Business
3200 TAMiami TRAIL N
SUITE 200
NAPLES, FL 34103

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.

City & State

City & State

Zip

Country

Zip

Country

03262008

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3608742

Applied For

Not Applicable

5. Certificate of Status Desired

\$

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOODWARD, MARK J
3200 TAMiami TRAIL N
STE 200
NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FERRAO, AUBREY J
STREET ADDRESS 8156 FIDDLERS CREEK PKWY
CITY-ST-ZIP NAPLES, FL 34114 ☐ Delete

TITLE VPD
NAME PARISI, JOSEPH L
STREET ADDRESS 8156 FIDDLERS CREEK PKWY
CITY-ST-ZIP NAPLES, FL 34114 ☐ Delete

TITLE SD
NAME WOODWARD, MARK J
STREET ADDRESS 3200 TAMiami TRAIL N. #200
CITY-ST-ZIP NAPLES, FL 34103 ☐ Delete

TITLE TD
NAME DINARDO, ANTHONY
STREET ADDRESS 8156 FIDDLERS CREEK PKWY
CITY-ST-ZIP NAPLES, FL 34114 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 300123534103 ☐ Change ☐ Addition
STREET ADDRESS 04/15/08--01023--020 **150.00
CITY-ST-ZIP

TITLE S
NAME 300123534103 ☐ Change ☒ Addition
STREET ADDRESS 04/15/08--01023--022 **192.50
CITY-ST-ZIP

TITLE D
NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Livio Parisi, as Director

3/27/08 (239) 732-9400

Date

Daytime Phone #

FILED

2008 APR 15 AM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4/16/08