2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State
03-12-2008 90023 026 ***150.00

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03082008 Chg-P CR2E034 (12/06)

DOCUMENT # P99000094746

1. Entity Name
RAPHAEL PUBLISHING INC.

Principal Place of Business	Mailing Address
~~12000 BISCAYNE BLVD #507 MIAMI, FL 33181~~	~~12000 BISCAYNE BLVD #507 MIAMI, FL 33181~~

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
9999 NE 2ND AVENUE			
Suite, Apt. #, etc. 218		Suite, Apt. #, etc.	
City & State MIAMI SHORES FL		City & State	
Zip FL-33138	Country USA	Zip	Country

4. FEI Number 65-0957511 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHIARATO, UGO V CPA
~~12000 BISCAYNE BLVD #507~~
~~MIAMI, FL 33181~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 9999 NE 2ND AVENUE - SUITE 218
City MIAMI SHORES FL Zip Code 33138

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 Ugo V Chiarato MARCH 8, 2008
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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTSD VITALE, ANTONIO 12000 BISCAYNE BLVD #507 MIAMI, FL 33181	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Antonio Vitale (305) 899 5099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #