


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # V36293 1. Entity Name RAFULS & ASSOCIATES CONSTRUCTION CO., INC.		
Principal Place of Business RICHARD RAFULS 7901 W 25 AVE B-344 HIALEAH, FL 33016	Mailing Address RICHARD RAFULS 7901 W 25 AVE B-344 HIALEAH, FL 33016	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
<div style="text-align: right;"> 01062006 No Chg-P CR2E034 (11/05) </div>		
4. FEI Number 65-0332967		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent RICHARD, RAFULS 7901 W 25 AVE B-3 HIALEAH, FL 33016		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>		
10. OFFICERS AND DIRECTORS		
TITLE	PD	
NAME	RAFULS, RICHARD	
STREET ADDRESS	7901 W 25 AVE B-3	
CITY - ST - ZIP	HIALEAH, FL 33016	
TITLE	V	
NAME	MARRERO, HECTOR	
STREET ADDRESS	7901 W 25 AVE B-3	
CITY - ST - ZIP	HIALEAH, FL 33016	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0332967

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

**DO NOT WRITE
IN THIS SPACE**

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**DO NOT WRITE
IN THIS SPACE**

1/11/06 (305) 883-8281
Date Daytime Phone #