

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

FILED
Jan 22, 2007 08:00 AM
Secretary of State



01042007 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0332967

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

RICHARD, RAFULS
7901 W 25 AVE B-3
HIALEAH, FL 33016

**DO NOT WRITE
IN THIS SPACE**

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, 2007 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	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	

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01/24/07-80025-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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

DATE

DAYTIME PHONE #

Hector Marrero HECTOR MARRERO 1/12/07 (305) 883-8881