

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000016839

**Entity Name:** RAFFA W.L.C. COMPANY

**Current Principal Place of Business:**

4636 NW 84TH AVENUE  
#19  
DORAL, FL 33166

**Current Mailing Address:**

4636 NW 84TH AVENUE  
#19  
DORAL, FL 33166 US

**FEI Number:** 20-8416247

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROJAS, WILLIAM DR.  
4636 NW 84TH AVENUE  
#19  
DORAL, FL 33166 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	PD	Title	SD
Name	ROJAS, WILLIAM DR.	Name	ALVAREZ-ROJAS, LILIAN
Address	4636 NW 84TH AVENUE #19	Address	4636 NW 84TH AVENUE #19
City-State-Zip:	DORAL FL 33166	City-State-Zip:	DORAL FL 33166

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM ROJAS

**PRESIDENT**

**04/22/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date