

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008932

FILED
Sep 01, 2008
Secretary of State

Entity Name: R.A.P. GENERATIONS INC.

Current Principal Place of Business:

3447 TORREMOLINOS AVENUE
DORAL, FL 33178

New Principal Place of Business:

5585 NW 102 PL
DORAL, FL 33178

Current Mailing Address:

3447 TORREMOLINOS AVENUE
DORAL, FL 33178

New Mailing Address:

5585 NW 102 PL
DORAL, FL 33178

FEI Number: 20-8999271 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CABANA, LILIA
3447 TORREMOLINOS AVENUE
DORAL, FL 33178 US

Name and Address of New Registered Agent:

CABANA, LILIA
5585 NW 102 PL
DORAL, FL 33178 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

09/01/2008

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: CABANA, LILIA
Address: 3447 TORREMOLINOS AVENUE
City-St-Zip: DORAL, FL 33178

Title: VP () Delete
Name: PARDO, JOHN
Address: 3447 TORREMOLINOS AVENUE
City-St-Zip: DORAL, FL 33178

Title: SEC () Delete
Name: PARDO, ANGIE A
Address: 3447 TORREMOLINOS AVENUE
City-St-Zip: DORAL, FL 33178

Title: TREA () Delete
Name: CABANA, JENNY
Address: 3447 TORREMOLINOS AVENUE
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CABANA, LILIA
Address: 5585 NW 102PL
City-St-Zip: DORAL, FL 33178

Title: VP (X) Change () Addition
Name: PARDO, JOHN
Address: 5585 NW 102 PL
City-St-Zip: DORAL, FL 33178

Title: SEC (X) Change () Addition
Name: PARDO, ANGIE A
Address: 5585 NW 102 PL
City-St-Zip: DORAL, FL 33178

Title: TREA (X) Change () Addition
Name: CABANA, JENNY
Address: 5585 NW 102 PL
City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILIA CABANA

Electronic Signature of Signing Officer or Director

PRES

09/01/2008

Date