

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90002 033 ***150.00

DOCUMENT # P03000033325

1. Entity Name
RAYZEREDGE OF SOUTH FLORIDA, INC.



Principal Place of Business
**20789 NW 3RD COURT
PEMBROKE PINES, FL 33029**

Mailing Address
**20789 NW 3RD COURT
PEMBROKE PINES, FL 33029**

54055918



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05192004

Chg-P

CR2E034 (10/03)

4. FEI Number

90-0070306

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ, RAYMOND
20789 NW 3RD COURT
PEMBROKE PINES, FL 33029**

Name

Street Address (P.O. Box Number is Not Acceptab

City

FL

Zip Code

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **RODRIGUEZ, RAYMOND**
STREET ADDRESS **20789 NW 3RD COURT**
CITY-ST-ZIP **PEMBROKE PINES, FL 33029**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

5/28/04

Attachment

P03000033325

54055918

MARLAINA A. RODRIGUEZ, CPA, INC.
14770 SOUTH BECKLEY SQUARE
DAVIE, FL 33325
954-557-9553

May 23, 2004

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: RAYZEREDGE OF SOUTH FLORIDA, INC., Document #P03000033325

To Whom It May Concern:

This letter is in reference to my client's annual report filing. This was the first year my client was required to file an annual report and does not recall receiving a postcard in the mail stating such a reminder. We ask that you consider our request to waive the \$400 late charge. In the meantime, please find the Annual Report with the \$150 annual fee enclosed.

For future reference, we would like to confirm that your information on file is correct (pertaining to my client's street address):

Rayzeredge of South Florida, Inc.
Attn: Ray Rodriguez
20789 N.W. 3rd Court
Pembroke Pines, FL 33029

Should you have any questions pertaining to this filing, please contact me at the above referenced telephone number.

Thank you for your time and cooperation.

Sincerely,



Marlaina A. Rodriguez
Certified Public Accountant