## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000122371

Entity Name: RASMIA, INC.

FILED Jan 26, 2007 Secretary of State

| Current Pr   | incipal Pla              | ce of Business:  | New Principal Place o                         | New Principal Place of Business:             |  |
|--|--------------------------|--|---|--|--|
|  | IBRA CIRC                | RAVIER, CPA<br>LE, SUITE 901<br>33134                              |   |  |  |
| Current Ma   | ailing Addr              | ess:   | New Mailing Address:                          | New Mailing Address:                         |  |
|  | ID STREET                | RT VOGEL & MANDLER, P.A.<br>, SUITE 2900                           |   |  |  |
| FEI Number:  | 47-0960734               | FEI Number Applied For ( )   | FEI Number Not Applicable ( )                 | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent:            |                          |  |   |  |  |
| REGISTERED AGENTS OF FLORIDA, LLC<br>100 SOUTHEAST SECOND STREET, SUITE 2900<br>MIAMI, FL 33131 US |                          |  |   |  |  |
| The above in the State   |                          | y submits this statement for the p                                 | urpose of changing its registered             | office or registered agent, or both,         |  |
| SIGNATURE:   |                          |  |   | 01/26/2007                                   |  |
|  | Electr                   | onic Signature of Registered Age                                   | ent   | Date   |  |
| Election Carr  | ıpaign Financ            | ing Trust Fund Contribution ( ).                                   |   |  |  |
| OFFICERS   | AND DIRE                 | CTORS:   | ADDITIONS/CHANGES                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | FREYRE, HE<br>201 ALHAME | ( ) Delete<br>ECTOR JULIO<br>RA CIRCLE, SUITE 901<br>LES, FL 33134 | Title: (<br>Name:<br>Address:<br>City-St-Zip: | ) Change ()Addition                          |  |
| Title:   | VPT                      | ( ) Delete   | Title: (                                      | ) Change ( ) Addition                        |  |

Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HECTOR JULIO FREYRE P 01/26/2007

WRIGHT DE FREYRE, MARGARITA S.

201 ALHAMBRA CIRCLE, SUITE 901

CORAL GABLES, FL 33134

Name:

Address:

City-St-Zip: