


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90025 022 ***150.00

DOCUMENT # P05000156453

1. Entity Name
GEORGE LIMA MOVING - RAUL'S MOVING AND STORAGE, INC.



Principal Place of Business Mailing Address

~~7911 SW 14 TERRACE~~ ~~7911 SW 14 TERRACE~~
~~MIAMI FL 33144~~ ~~MIAMI FL 33144~~
 US US



2. Principal Place of Business 3. Mailing Address

9105 N.W. 105 circle *9105 N.W. 105 circle*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State 4. FEI Number

Medley, FL *Medley, FL* *20-384-7712*

Applied For
 Not Applicable

Zip Country Zip Country

33178 *None* *33178* *None*

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LIMA, JORGE
7911 SW 14 TERRACE
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LIMA, JORGE	
STREET ADDRESS	7911 SW 14 TERRACE	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PERDOMO, RAUL L	
STREET ADDRESS	7620 NW 2 TERRACE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	S	<input type="checkbox"/> Delete
NAME	LIMA, LAZARA	
STREET ADDRESS	7911 SW 14 TERRACE	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	T	<input type="checkbox"/> Delete
NAME	LIMA, LAZARA	
STREET ADDRESS	7911 SW 14 TERRACE	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *George Lima* *2-28-06* *305-261-3030*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #