


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000156453 1. Entity Name GEORGE LIMA MOVING - RAUL'S MOVING AND STORAGE, INC.		
Principal Place of Business 9105 NW 105TH CIR MIAMI FL 33178 US		Mailing Address 9105 NW 105TH CIR MIAMI FL 33178 US
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip Country



1st MOORE CR2E034 (10/06)

4. FEI Number 20-3847712	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P LIMA, JORGE	TITLE	
NAME	LIMA, JORGE	NAME	
STREET ADDRESS	7911 SW 14 TERRACE	STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33144	CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP	TITLE	
NAME	PERDOMO, RAUL L	NAME	
STREET ADDRESS	7620 NW 2 TERRACE	STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33126	CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S	TITLE	
NAME	LIMA, LAZARA	NAME	
STREET ADDRESS	7911 SW 14 TERRACE	STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33144	CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T	TITLE	
NAME	LIMA, LAZARA	NAME	
STREET ADDRESS	7911 SW 14 TERRACE	STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33144	CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lazara Lima Lazara Lima* *Vice President*

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1-26-07 Daytime Phone # _____