


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000156453</b> 1. Entity Name <b>GEORGE LIMA MOVING - RAUL'S MOVING AND STORAGE, INC.</b>	
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Principal Place of Business <b>9105 NW 105TH CIR MIAMI FL 33178 US</b>	Mailing Address <b>9105 NW 105TH CIR MIAMI FL 33178 US</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.
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1st MOORE CR2E034 (10/07)

City & State	4. FEI Number <b>20-3847712</b> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>LIMA, JORGE 7911 SW 14 TERRACE MIAMI FL 33144</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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: *Jorge Lima* **Jorge Lima** **1/24/08** **305-261-3030**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone #)