


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90237 010 \*\*\*158.75

**DOCUMENT # P06000032727**

1. Entity Name  
**RAY CARPENTRY, INC.**



Principal Place of Business      Mailing Address  
**10968 NW 40 STREET**      **10968 NW 40 STREET**  
**SUNRISE, FL 33351**      **SUNRISE, FL 33351**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**2337 NW 139 Ave**      **2337 NW 139 Ave**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**SUNRISE-FL**      **SUNRISE-FL**

Zip      Country      Zip      Country  
**33323**      **USA**      **33323**      **USA**

4292008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**20-4430473**      Not Applicable

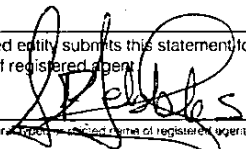
5. Certificate of Status Desired            \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent  
**VALENTIN, PEDRO J**  
**13100 SW 92 AVE**  
**SUITE C- 404**  
**MIAMI, FL 33176**

7. Name and Address of New Registered Agent  
 Name      **PEBBLES TORRES**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2337 NW 139 AVE**  
 City      **SUNRISE**      FL      Zip Code      **33323**

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: **04/25/08**

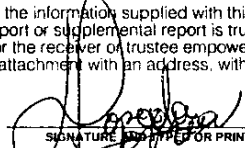
(NOTE: Registered Agent signature required when re-stating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. LOZADA, JESUS R <input type="checkbox"/> Delete 10968 NW 40 STREET SUNRISE, FL 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOZADA JESUS R <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2337 NW 139 AVE SUNRISE FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TORRES, PEBBLES <input type="checkbox"/> Delete 10968 NW 40 STREET SUNRISE, FL 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TORRES PEBBLES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2337 NW 139 AVE SUNRISE FL 33323
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 Chapter 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:       DATE: **04/25/08**      Daytime Phone #: **954-937-6546**

SIGNATURE AND TITLE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR