## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000022881

Entity Name: RAVENSCROFT HOLDINGS INC.

FILED Jan 11, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	CE DE LEON ABLES, FL 3	NBLVD 31347201 US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	CE DE LEON ABLES, FL 3	NBLVD 31347201 US			
FEI Number:	: 65-0588516	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and	l Address of	Current Registered Agent:	Name and Address o	f New Registered Agent:	
80 S.W. 8 <sup>-</sup> SUITE 280 MIAMI, FL The above	33130 US named entity		ourpose of changing its registered	d office or registered agent, or both,	
	e of Florida.				
SIGNATU		onic Signature of Registered Age	ont .	 Date	
Election Car		ing Trust Fund Contribution ( ).	SHIT.	Date	
OFFICERS	S AND DIRE	CTORS:	ADDITIONS/CHANGE	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	HOSKINSON, 3251 PONCE	( ) Delete LEONARD J DP DE LEON BLVD LES, FL 33134	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ARTHUR, JOH 3251 PONCE	( ) Delete HN DV DE LEON BLVD LES, FL 33134	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MENENDEZ F 3251 PONCE	( ) Delete ROSS, RICARDO DC DE LEON BLVD LES, FL 33134	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	BARNFIELD, 3251 PONCE	( ) Delete YESENIA E S DE LEON BLVD LES, FL 33134	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MATTA, DEER 3251 PONCE	( ) Delete PAK V DE LEON BLVD LES, FL 33134	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MENENDEZ F 3251 PONCE	( ) Delete ROSS, FELIPE DV DE LEON BLVD LES, FL 33134	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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: JOHN C ARTHUR DV 01/11/2008