

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000022881

FILED
Feb 17, 2011
Secretary of State

Entity Name: RAVENSCROFT HOLDINGS INC.

Current Principal Place of Business:

3251 PONCE DE LEON BLVD
CORAL GABLES, FL 331347201 US

New Principal Place of Business:

Current Mailing Address:

3251 PONCE DE LEON BLVD
CORAL GABLES, FL 331347201 US

New Mailing Address:

FEI Number: 65-0588516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOSKINSON, LEONARD J
3251 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: HOSKINSON, LEONARD J DP
Address: 3251 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: DV
Name: ARTHUR, JOHN DV
Address: 3251 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: DC
Name: MENENDEZ ROSS, RICARDO DC
Address: 3251 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: S
Name: BARNFIELD, YESENIA E S
Address: 3251 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: V
Name: MATTA, DEEPAK V
Address: 3251 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: DV
Name: MENENDEZ ROSS, FELIPE DV
Address: 3251 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: YESENIA E BARNFIELD

S

02/17/2011

Electronic Signature of Signing Officer or Director

Date