

Apr. 28. 2006 11:48AM

OFFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90090 036 ***150.00

DOCUMENT # V34149	
1. Entity Name RAZA INTERNATIONAL, INC.	

Principal Place of Business 8420 NW 4TH STREET PEMBROKE PINES, FL 33024 US	Mailing Address PEREZ BEHAR AND ASSOC PA 13935 NW 1 AV MIAMI, FL 33168 US
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DO NOT WRITE IN THIS SPACE



02212008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0330291	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**LEIVA, MARIANO
19499 NW 2ND AVENUE
N. MIAMI, FL 33169**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and use if applicable.

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

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GOMEZ, MARIBEL 8420 SW 4TH ST. PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gomez Maribel / Pres *2/23/06* *305-691-9111*

Apr. 28. 2006 11:48AM

ATTACHMENT

60037315
#V34149

P. 1



FORM FILING INSTRUCTIONS

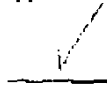
CLIENT:

Paga Intl.

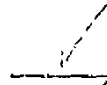
Form Number:

100R - Renewal of Corporation

Type of tax:

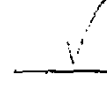


The attached form must be signed and dated



Make check payable in the amount of

\$ 150.00



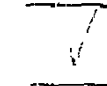
Make check payable to:

State of Florida Division of Corp.

Deposit check with federal deposit coupon by

Mark period on coupon/check

Mark type of tax on coupon/check



Form must be mailed/postmarked on or before

05-01-06

Refund due



Other

Mail To:

Division of Corporations
P.O. BOX 6198
Tallahassee-FL 32314

If you have any questions, please feel free to contact us at any time.

Best Regards,

Sandra