Apr. 28. 2006 11:48AM

PROFIT 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	Mailing Address
8420 NW 4TH STREET PEMBROKE PINES, FL 33024 US	PEREZ BEHAR AND ASSOC PA 13935 NW 1 AV MIAMI, FL 33168 US

DO NOT WRITE IN THIS SPACE

02212006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0330291
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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 _____ 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, 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	PSD
NAME	GOMEZ, MARIBEL
STREET ADDRESS	~~8420 SW 4TH ST.~~ 342 lake view Dr unit 105
CITY-ST-ZIP	~~PEMBROKE PINES, FL 33024~~ Weston Fl 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 reports 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: Gomez Maribel/Pres 2/23/06 3057691911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT 600373315
#V34149

P B & A Financial Services Corp.

FORM FILING INSTRUCTIONS

CLIENT: Raza Int'l.

Form Number: PBR - 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

Corporate Office: 13935 NW 1st Avenue • Miami, Florida 33168 • 305-769-1911 • Fax: 305-953-9592 • Seharperez@aol.com