


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000086171 1. Entity Name RAICO INTERNATIONAL CORP.	
---	---

Principal Place of Business 7831 N.W. 72ND AVENUE MIAMI, FL 33166	Mailing Address 780 NW 42 AVE # 416 MIAMI, FL 33126
---	--



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0950814	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORDOVA, ANGEL D 780 NW 42ND AVE #416 MIAMI, FL 33126
--

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	DP NOGUES, JULIO L COMESANA 4460 CP B1702 BOD CIUADELA BUENOS AIRES, AG XXXXX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE ACHAVAL DE NOGUES, TERESA COMESANA 4460 CP B1702 BOD CIUADELA BUENOS AIRES, AG XXXXX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS NOGUES, ERNESTO COMESANA 4460 CP B1702 BOD CIUADELA BUENOS AIRES, AG XXXXX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NOGUES, GASTON COMESANA 4460 CP B1702 BOD CIUADELA BUENOS AIRES, AG XXXXX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000089318
03/15/04-80087-009.150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

JULIO L. NOGUES, PRES.

Date

Daytime Phone #