


# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P99000086171</b> 1. Entity Name <b>RAICO INTERNATIONAL CORP.</b>						06 JUL 28 2006 11:46 RAICO INTERNATIONAL	
Principal Place of Business <b>7831 N.W. 72ND AVENUE MIAMI, FL 33166</b>				Mailing Address <b>780 NW 42 AVE # 416 MIAMI, FL 33126</b>			
2. Principal Place of Business <b>7792 NW 71 STREET</b>				3. Mailing Address Suite, Apt. #, etc.			
City & State <b>MIAMI, FL.</b>				City & State			
Zip <b>33166</b>		Country		Zip		Country	
4. FEI Number <b>65-0950814</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>CORDOVA, ANGEL D 780 NW 42ND AVE #416 MIAMI, FL 33126</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>NOGUEZ, JULIO L COMESANA 4460 CP B1702 BOD CIUADELA, BUENOS AIRES, AG</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100079382601 08/04/06--01045--024 **61.25</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>DE ACHAVAL DE NOGUES, TERESA COMESANA 4460 CP B1702 BOD CIUADELA, BUENOS AIRES, AG</b> <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS <b>NOGUES, ERNESTO COMESANA 4460 CP B1702 BOD CIUADELA, BUENOS AIRES, AG</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>NOGUES, GASTON COMESANA 4460 CP B1702 BOD CIUADELA, BUENOS AIRES, AG</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.							
<b>SIGNATURE: X</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>ERNESTO NOGUES, VP</b> <small>Date</small>		<b>07/18/06</b> <small>Daytime Phone #</small>	