2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000022881

Entity Name: RAVENSCROFT HOLDINGS INC.

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
	E DE LEON B BLES, FL 331				
Current Mailing Address:			New Mailing Add	New Mailing Address:	
3251 PONCE DE LEON BLVD CORAL GABLES, FL 331347201 US					
FEI Number: (65-0588516	FEI Number Applied For ()	FEI Number Not Applicable()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
MCALPIN, RICHARD J ESQ. 80 S.W. 8TH STREET SUITE 2805 MIAMI, FL 33130 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,					
in the State		abilitis tilis statement for the purp	oose of changing its regist	ered office of registered agent, or both,	
SIGNATUR		0:			
		Signature of Registered Agent		Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () I HOSKINSON, LE 3251 PONCE DE CORAL GABLES	ELEON BLVD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DV () I ARTHUR, JOHN 3251 PONCE DE CORAL GABLES	ELEON BLVD	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	S () I BARNFIELD, YE 3251 PONCE DE CORAL GABLES	ELEON BLVD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	V () I MATTA, DEEPAK 3251 PONCE DE CORAL GABLES	ELEON BLVD	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	DV () I MENENDEZ ROS 3251 PONCE DE CORAL GABLES	LEON BLVD	Title: Name: Address: City-St-Zip:	() Change() Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: YESENIA BARNFIELD S 04/14/2009