

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000008932

**Entity Name:** R.A.P. GENERATIONS INC.

**Current Principal Place of Business:**

11628 SW 246 TERRACE  
HOMESTEAD, FL 33032

**Current Mailing Address:**

11628 SW 246 TERRACE  
MIAMI, FL 33032 US

**FEI Number:** 20-8999271

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CABANA, LILIA  
11628 SW 246 TERRACE  
MIAMI, FL 33032 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CABANA, LILIA ESTHER  
Address        11628 SW 246 TERRACE  
City-State-Zip: MIAMI FL 33032

Title            EXECUTIVE SECRETARY  
Name            PARDO, CHARIS YOHANAN  
Address        11628 SW 246 TERRACE  
City-State-Zip: HOMESTEAD FL 33032

Title            VP  
Name            PARDO, JOHN  
Address        11628 SW 246 TERRACE  
City-State-Zip: HOMESTEAD FL 33032

Title            TREASURER  
Name            PARDO, ANGIE LILIAN  
Address        14856 SW 265 STREET  
City-State-Zip: HOMESTEAD FL 33032

Title            SECRETARY  
Name            PARDO, YASAPH MOSHEH  
Address        11628 SW 246 TERRACE  
City-State-Zip: HOMESTEAD FL 33032

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LILIA E CABANA

**PRESIDENT**

**04/29/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date