## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 428949**

FILED Jan 16, 2008 Secretary of State

Entity Name: RASO RE	EALTY, INC.			
Current Principal Place of Business:		New Principal Place of Business:		
4812 CAPE CORAL ST. CAPE CORAL, FL 33904	4			
Current Mailing Address:		New Mailing Address:		
4812 CAPE CORAL ST. CAPE CORAL, FL 33904	4			
FEI Number: 59-1481911	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of C	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
SANGIOVANNI, CATHEF 4812 CAPE CORAL ST. CAPE CORAL, FL 33904				
The above named entity s in the State of Florida.	submits this statement for the բ	ourpose of changing its registered	I office or registered agent, or both,	
SIGNATURE:				
Electron	nic Signature of Registered Ag	ent	Date	
Election Campaign Financine	g Trust Fund Contribution ( ).			

## OFFICERS AND DIRECTORS:

2832 SW 36TH ST.

CAPE CORAL, FL 33914

Address:

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

4812 CAPE CORAL ST

CAPE CORAL, FL 33904

Title: ( ) Delete Title: (X) Change ( ) Addition RASO, GRACE, RASO, GRACE, Name: Name: 1417 VENDOME COURT Address: 4213 SE 19TH PL UNIT 1-H Address: City-St-Zip: CAPE CORAL, FL City-St-Zip: CAPE CORAL, FL 33904 US Title: PTD () Delete Title: (X) Change ( ) Addition SANGIOVANNI, CATHERINE SANGIOVANNI. CATHERINE Name: Name: Address: Address: 2219 S.E. 27TH STREET 2219 S.E. 27TH STREET CAPE CORAL, FL CAPE CORAL, FL 33904 US City-St-Zip: City-St-Zip: ( ) Delete Title: (X) Change ( ) Addition Title: HACKWORTH, DENNIS Name: HACKWORTH, DENNIS Name:

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.

Address:

City-St-Zip:

SIGNATURE: DENNIS HACKWORTH VΡ 01/16/2008