


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2007 08:00 /**  
**Secretary of State**

<b>DOCUMENT # 489973</b>	
1. Entity Name <b>RAQUEL REALTY CORP.</b>	

Principal Place of Business <b>8270 S.W. 48TH STREET MIAMI FL 33155</b>	Mailing Address <b>8270 S.W. 48TH STREET MIAMI FL 33155</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

1st MOORE CR2E034 (10/06)

4. FEI Number <b>59-1671012</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>
<b>VALLE Riestra, JORGE 8270 S.W. 48TH STREET MIAMI FL 33155</b>

<b>7. Name and Address of New Registered Agent</b>
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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when re-registering.) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Added to Fee

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD VALLE Riestra, MARIA 8270 S.W. 48TH STREET MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD VALLE Riestra, JORGE 8270 S.W. 48TH STREET MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> U0000007300289 05/08/07-80086-003 158.75
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes 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 the authority of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my signature is not 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

4/23/07 Date