


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 683777</b> 1. Entity Name RAY STRAUSS, P.A.	
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Principal Place of Business 17270 NE 19TH AVE NORTH MIAMI BEACH, FL 33162	Mailing Address 17270 NE 19TH AVE NORTH MIAMI BEACH, FL 33162
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**DO NOT WRITE IN THIS SPACE**



02132008 No Chg-P CR2E034 (11/05)

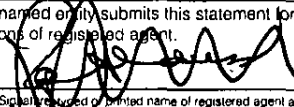
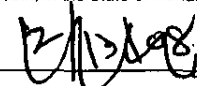
4. FEI Number 59-2029742	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STRAUSS, RAY  
17270 NE 19TH AVE  
N. MIAMI BCH, FL 33162

**DO NOT WRITE  
IN THIS SPACE**

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 signature required when reinstating) DATE 

FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

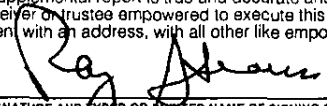
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STRAUS, RAY 17270 NE 19TH AVE. N. MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000836341  
03/04/08-80012-018 150.00

**DO NOT WRITE  
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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.

SIGNATURE:  RAY STRAUSS 2/13/08 305 940 7711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #