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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

F01725

1. Entity Name RAISSYJ, INC.



FILED Jul 10, 2003 8:00 am Secretary of State

07-10-2003 90112 047 ***158.75

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, Principal Plac	e of Business	Mailing Add	iress		77					
7201 NW 36TH ST		C/O JOSE RODRIGUEZ								
		17400 S.W. 63 MANOR			Ì					
) MIAMI FL 33166) US			FT, LAUDERDALE FL 33331			i (Baisad ins Chiac lion (Bhid (Chia Bill Bid)	1 A1513 B1A11 A1611 B	nan kian taat		
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2. Principal F	Place of Business	3. Mailing Address			-	120/120 10/5/ 116/ 140/8 144/ 16/ 16/				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	CHECK HERE IF MAKING CHANGES				
City & Stat	e	City & State			4.	FEI Number 59-2029906		oplied For		
Zip Country		Zip Country		Country	5.	5. Certificate of Status Desired \$8.75 Add Fee Regulirer		ditional		
6. Name and Address of Current Registered Agent						Name and Address of New Registere				
	o. Name and Address of Current	negisteled Ag		Name	- (,	INAME AND ADDITIONS OF THEM THE GISTER	Agont			
RODRIGUEZ, JOSE					Street Address (P.O. Box Number is Not Acceptable)					
ſ	W. 63RD MANOR		Street Audiess (F.							
FI. LAUD	ERDALE FL 33331		<u> </u>			 				
				City		F	 _			
	e named entity submits this statement for tions of registered agent,	r the purpose o	f changing its reg	gistered office or regi	istered ag	gent, or both, in the State of Florida. I a	n familiar with,	and accept		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Re	egistered Agent signature rec	uired when re	einstating) DATE				
<u> </u>						T				
After Se	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750 k Payable to Florida Department o					9. Election Campaign Financing Trust Fund Contribution.		May Be to Fees		
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10.	OFFICERS AND			11.		DDITIONS/CHANGES TO OFFICERS A				
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2. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 cath; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/03 (305) 572-0058