2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # G22842

1. Entity Name
RALY AUTO SERVICES, INC.

Principal Place of Business	Mailing Address
9310 S. W. 56TH STREET MIAMI, FL 33165	9310 S. W. 56TH STREET MIAMI, FL 33165

DO NOT WRITE IN THIS SPACE

04252008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2299487
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPEEDY PARALEGAL SERVICES INC
2010 SW 23RD ST
MIAMI, FL 33145

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000947584
06/02/08-80020-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GONZALEZ, GUILLERMO F
STREET ADDRESS	4921 S.W. 142 PLACE
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	VP
NAME	SAN MIGUEL, JAIRO
STREET ADDRESS	9310 S.W. 56TH STREET
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	S
NAME	GONZALEZ, GUILLERMO F
STREET ADDRESS	4391 S.W. 142ND PLACE
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	T
NAME	SAN MIGUEL, JAIRO
STREET ADDRESS	9310 S.W. 56TH STREET
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #