


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # H22811
1. Entity Name
RAY'S TRIM, INC.



Principal Place of Business 10636 S.W. 185TH TERRACE MIAMI, FL 33157	Mailing Address 10636 S.W. 185TH TERRACE MIAMI, FL 33157
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DO NOT WRITE IN THIS SPACE



03062007 No Chg-P CR2E034 (11/05)

4. FCI Number 59-2488564	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

KUPERMAN, MARC A.
1320 SOUTH DIXIE HIGHWAY
SUITE 811
CORAL GABLES, FL 33146

**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, 2007 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	D POTTER, ISABEL 10636 SW 185 TERR MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P POTTER, EDWARD 10636 SW 185 TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POTTER, MARK 10636 SW 185 TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

00000660276
03/19/07-80019-011 150.00

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: Isabel Potter 3.6.07-232.3083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #