

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # K34087

1. Entity Name  
RAYCAR INTERNATIONAL, INC.



**FILED  
Mar 10, 2005 8:00 am  
Secretary of State**

03-10-2005 90144 006 \*\*\*150.00

Principal Place of Business

% RAMON TRABAL  
11492 FANGORN ROAD  
ORLANDO, FL 32825-6903

Mailing Address

% RAMON TRABAL  
11492 FANGORN ROAD  
ORLANDO, FL 32825-6903

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02092005 Chg-P CR2E034 (10/03)

4. FEI Number

- 59-2938507 -

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TRABAL JR., RAYMOND  
11526 ROUSE RUN ROAD  
ORLANDO, FL 32817

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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

Signature, typed or printed name of registered agent and title if applicable.

Raymond TRABAL JR.

02-09-05.

DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P  
NAME TRABAL JR., RAYMOND  
STREET ADDRESS 11526 ROUSE RUN ROAD  
CITY-ST-ZIP ORLANDO, FL 32817

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

Change  Addition

12. I hereby certify that the information supplied with this filing 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 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:

02-09-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #