

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # K46140**1. Entity Name  
**RAIRO CORPORATION****FILED**  
**Feb 06, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business

% MANUEL SEQUEIROS  
P.O. BOX 228203  
MIAMI, FL 33122-8203

Mailing Address

% MANUEL SEQUEIROS  
P.O. BOX 228203  
MIAMI, FL 33122-8203

02012008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0106741

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**SEQUEIROS, MANUEL  
4647 NW 96 AVE  
MIAMI, FL 33178**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

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

(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 PD  
NAME SEQUEIROS, MANUEL  
STREET ADDRESS 4647 NW 96 AVE  
CITY-ST-ZIP MIAMI, FL 33178TITLE V  
NAME SEQUEIROS, ISEL MARIA  
STREET ADDRESS 4647 NW 96 AVE  
CITY-ST-ZIP MIAMI, FL 33178TITLE S  
NAME SEQUEIROS, WILLIAM  
STREET ADDRESS 4542 NW 94 COURT  
CITY-ST-ZIP MIAMI, FL 33178TITLE T  
NAME SEQUEIROS, ALBERTO  
STREET ADDRESS 4546 NW 95 AVE  
CITY-ST-ZIP MIAMI, FL 33178TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPU000000817952  
02/15/08-80023-007 150.00**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:***Manuel Sequeiros* Manuel Sequeiros

Date

2/1/08

Daytime Phone #

305-406-0406