2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# K46140

Entity Name: RAIRO CORPORATION

Current Principal Place of Business:

% MANUEL SEQUEIROS
P.O. BOX 228203
MIAMI, FL 331228203

New Principal Place of Business:

4647 NW 96 AVE
DORAL, FL 33178

Current Mailing Address:

% MANUEL SEQUEIROS
P.O. BOX 228203
MIAMI, FL 331228203

New Mailing Address:

FEI Number: 65-0106741 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEQUEIROS, MANUEL
4647 NW 96 AVE
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

SEQUEIROS, MANUEL
4647 NW 96 AVE
DORAL, FL 33178 US

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.

SIGNATURE: 01/28/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SEQUEIROS, MANUEL,
Address: 4647 NW 96 AVE
City-St-Zip: MIAMI, FL 33178

Title: V ( ) Delete
Name: SEQUEIROS, ISEL MARI, A
Address: 4647 NW 96 AVE
City-St-Zip: MIAMI, FL 33178

Title: S ( ) Delete
Name: SEQUEIROS, WILLIAM,
Address: 4542 NW 94 COURT
City-St-Zip: MIAMI, FL 33178

Title: T ( ) Delete
Name: SEQUEIROS, ALBERTO,
Address: 4546 NW 95 AVE
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SEQUEIROS, MANUEL,
Address: 4647 NW 96 AVE
City-St-Zip: DORAL, FL 33178

Title: V (X) Change ( ) Addition
Name: SEQUEIROS, ISEL MARI, A
Address: 4647 NW 96 AVE
City-St-Zip: DORAL, FL 33178

Title: S (X) Change ( ) Addition
Name: SEQUEIROS, WILLIAM,
Address: 4542 NW 94 COURT
City-St-Zip: DORAL, FL 33178

Title: T (X) Change ( ) Addition
Name: SEQUEIROS, ALBERTO,
Address: 4546 NW 95 AVE
City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM SEQUEIROS S 01/28/2009
Electronic Signature of Signing Officer or Director — Date