2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Feb 01, 2008 08:00 AN DOCUMENT # K82692 1. Ectity Name Secretary of State R.A.Z. INVESTMENTS, INC. Principal Place of Business Mailing Address % GASTON R. ALVAREZ % GASTON R. ALVAREZ 3331 N.W. 19TH TERRACE MIAMI FL 33125 3331 N.W. 19TH TERRACE MIAMI FL 33125 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0268136 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALVAREZ, GASTON R. Street Address (P.O. Box Number is Not Acceptable) 3331 N.W. 19TH TERRACE **MIAMI FL 33125** City 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 Synature, typed or printed name of registriod agent and the Turpicasio (NOTE: Registered Agent eighthure required when revisitating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State: OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Dulete ☐ Change Addition ZEITUN, RUBEN NAME NAME. U00000811306 02/12/08-80001-011 150.00 STREET ADDRESS 3331 N.W. 19 TERRACE STREET ADDRESS CITY-ST-7IP MIAMI FL CITY-ST-ZIP ☐ De-ete Addition TITLE TITLE Change STREET ADDRESS STREET ADDRESS CITY-ST-7/2 CITY+ST-ZIP THEE Darete TITLE □ Change Addition NAME NAME STREET ADDRESS STHEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ De!ete THELL Change Addition MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Deiele TITLE TITLE Change Addition MAM NAME STREET ADDRESS STREET ADDRESS C1(Y-S1-Z1P CITY-ST-ZIP TIFLE Delete TITLE Change Addition NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the examptions contained in Section 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 charged, or on an attagment with an address, with all other like empowered.

NAME OF SIGNING OF THE OR DIRECTOR

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Пауслю Россе **и**