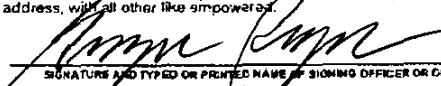


FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90022 009 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L22739			
1. Entity Name R.A. PROFESSIONAL SERVICES, INC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 2828 CORAL WAY		3. Mailing Address 2828 CORAL WAY	
Suite, Apt. #, etc. 300		Suite, Apt. #, etc. 300	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33145		Country USA	
Zip 33145		Country USA	
4. FEI Number 65-0147759		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
Name GEORGIA REYES		Street Address (P.O. Box Number is Not Acceptable) 2828 CORAL WAY	
City MIAMI		FL Zip Code 33145	
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 _____ DATE _____ (Signature, valid or proper name of registered agent and if applicable, (NOTE: Registered Agent signature required when removing))			
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 GEORGIA REYES 2828 CORAL WAY # 300 MIAMI, FL 33145		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		04/23/08 305-443-9695	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40103342

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

CR2E0348 (12/02)