2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AD	DOCUMENT # L43350 1. Entity Name RACQUET WORLD, INC.								04-28-2008	90330 034 *	***150	0.00
MIAMI, FL 33143 MIAMI, FL 33143 2. Principal Place of Business - No P.D. Box # 3. Mailing Aporters Suito, Apt. #, etc.	Principal Plac	e of Busines	s		Mailing Address		,	1				
Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. O1112008 Chg.P CR2E034 (12/06) City & State City & State A. FEI Number Applied For Applie							***					
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Section Sect	Suite, Apt. #, etc.				Suite, Apt. #, etc.			01112008	Chg-P	CR2E034 (12/06)	
S. Certificate of Status Desired Fee Required F	City & State				City & State							
ECHAVARRIA, FERNANDO 6.112 S. DIXIE HIGHWAY MIAMI, FL 33143 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 learning with, and accept the obligations of registered agent, or both, in the State of Florida. I am learning with, and accept the obligations of registered agent, or both, in the State of Florida. I am learning with, and accept the obligations of registered agent, or both, in the State of Florida. I am learning with, and accept the obligations of registered agent, or both, in the State of Florida. I am learning with, and accept the obligations of registered agent, or both, in the State of Florida. I am learning with, and accept the obligations of registered agent, or both, in the State of Florida. I am learning with, and accept the obligations of registered agent, or both, in the State of Florida. I am learning with, and accept the obligations of registered agent, or both, in the State of Florida. I am learning with, and accept the obligation of registered agent, or both, in the State of Florida. I am learning with, and accept the obligation of registered agent, or both, in the State of Florida. I am learning with, and accept the state of Florida. I am learning with, and accept the state of Florida. I am learning with, and accept the state of Florida. I am learning with, and accept the florida. I am learning with an accept the florida. I am learning with a contribution of the florida. I am learning with a contribution of the florida. I am learning with an accept with an an efficient of changed, or one analistic ment with an addition. Clay Florida Addition Addition Addition Addit	Zip	Country			Zip Count		itry · ·	5. Certificate	of Status Desired			
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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	6112 S. DIXIE HIGHWAY							(P.O. Box Numb	per is Not Acceptab	le)		
SIGNATURE: SIGNATURE SIGN							City		-	FL	Zip Code	9
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing	SIGNATURE	Signature, typed	or printed name of re	gistered agent an	d title if applicable. (NOT	E: Registere	d Agent signature requin	ed when reinstating)		DATE		
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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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is made under oath; that I am an officer or director of the corporation or the receiver or trusted emplowered 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: NAME						STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTALE NAME STREET ADDRESS CITY-ST-ZIP 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 arrepand 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 emplowered 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: **Addition** **Addition*	TITLE				☐ Delete		1				Change	Addition
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