

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90127 047 \*\*\*158.75

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<b>DOCUMENT # L48155</b> 1. Entity Name <b>RASEC INVESTMENTS, INC.</b>					
Principal Place of Business <b>16058 EAST ALAN BLACK BLVD LOXAHATCHEE, FL 33470</b>			Mailing Address <b>17463 S.W. 19TH STREET MIRAMAR, FL 33029</b>		
2. Principal Place of Business <b>2000 South Bayshore Drive</b>		3. Mailing Address <b>502 Hostos Avenue</b>			
Suite, Apt. #, etc. <b>Unit 56</b>		Suite, Apt. #, etc.			
City & State <b>Miami, FL</b>		City & State <b>San Juan, PR</b>		4. FEI Number <b>65-0185053</b>	
Zip <b>33133</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CABRERA, LEONARDO E 2000 South Bayshore Drive Unit 56 Miami, FL 33133</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> </div> </div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>CABRERA, LEONARDO E</b> <b>16058 E ALAN BLACK BLVD</b> <b>LOXAHATCHEE, FL 33470</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>CABRERA, CESAR B.</b> <b>2000 SOUTH BAYSHORE DRIVE, UNIT 56</b> <b>MIAMI, FL 33133</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>CABRERA, HELVETIA</b> <b>2000 SOUTH BAYSHORE DRIVE, UNIT 56</b> <b>MIAMI, FL 33133</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>CABRERA, CRISTINA</b> <b>502 HOSTOS AVENUE</b> <b>SAN JUAN, PR 00918</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>MORALES, FLOR</b> <b>502 HOSTOS AVENUE</b> <b>SAN JUAN, PR 00918</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>CESAR B. CABRERA /PD</b> <b>APRIL 10, 2006</b> <b>787-753-8090</b> <small>Date      Daytime Phone #</small>		