

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L48155

1. Entity Name
RASEC INVESTMENTS, INC.



Principal Place of Business
**2000 SOUTH BAYSHORE DR
UNIT 56
MIAMI, FL 33133**

Mailing Address
**502 HOSTOS AVE
SAN JUAN, PR 00918**



03232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0185053

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CABRERA, LEONARDO E
16058 E ALAN BLACK BLVD
LOXAHATCHEE, FL 33470**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CABRERA, CESAR B
STREET ADDRESS	2000 S BAYSHORE DR., UNIT 56
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	VD
NAME	CABRERA, HELVETIA
STREET ADDRESS	2000 S BAYSHORE DR., UNIT 56
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	TD
NAME	CABRERA, CRISTINA
STREET ADDRESS	502 HOSTOS AVENUE
CITY-ST-ZIP	SAN JUAN, PR 00918
TITLE	S
NAME	MORALES, FLOR
STREET ADDRESS	502 HOSTOS AVENUE
CITY-ST-ZIP	SAN JUAN, PR 00918
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/04/07-80024-011 158.75

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IN THIS SPACE**

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.

SIGNATURE: *Flor Morales* **Flor Morales/Secretary/3-23-07 787-753-8090**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #