


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 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
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04082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0185053	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000890334 04/28/08-80029-014 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CABRERA, CESAR B 2000 S BAYSHORE DR., UNIT 56 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CABRERA, HELVETIA 2000 S BAYSHORE DR., UNIT 56 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CABRERA, CRISTINA 502 HOSTOS AVENUE SAN JUAN, PR 00918
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORALES, FLOR 502 HOSTOS AVENUE SAN JUAN, PR 00918
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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** **4-08-2008** **787-753-8090**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #