2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State
04-18-2007 90334 001 *****8.75
04-18-2007 90334 002 ****61.25

DOCUMENT # N03000007416

1. Entity Name
FRIENDS IN ACTION FOR RAAN, INC.

Principal Place of Business	Mailing Address
836 SW 1ST STREET, #204 MIAMI, FL 33130	836 SW 1ST STREET, #204 MIAMI, FL 33130

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03222007 No Chg-NP CR2E037 (4/06)

4. FEI Number
56-2424792
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BARTICE, GREGORY M
10372 N.W. 46 TERRACE
DORAL, FL 33178

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required where indicated)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GUIDO, PABLO C
STREET ADDRESS	836 SW 1ST STREET, #204
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	T
NAME	BARTICE, GREGORY M
STREET ADDRESS	10372 NW 46 TERR
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	S
NAME	MONTIEL, JUAN J
STREET ADDRESS	715 NE 144 STREET
CITY-ST-ZIP	MIAMI, FL 33161
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 617, 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: Pablo C. Guido (Pablo C. Guido) 04/09/2007 (305) 970-1247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #